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(b) Ensure that the member is inspected and has at least the minimum clothing in accordance with NAVPERS 15665C, U.S. Navy Uniform Regulations.

(c) Ascertain that member is medically fit to participate in strenuous physical training. If not, the reasons should be stated in his/her medical record.

(d) Ensure that the member hand-carries to the NDRC his/her service record, pay record, and medical/dental record. These records shall be double-wrapped together and sealed to prevent patient tampering with record contents. Alternatively, a command may elect to transfer records to the NDRC via express mail or specialized courier service if there is a perceived likelihood of records being lost, destroyed, or altered. In the latter case, commands must ensure that records are delivered to the NDRC prior to the arrival of the member for residential rehabilitation.

(e) Provide the member a set of orders "TAD-TREAT" to NDRC for the total treatment of approximately seven weeks.

(4) Within the United States members requiring residential rehabilitation at the NDRC will be reported by the originating Medical Facility to Patient Airlift Center (PAC), A/V 638-6211, Commercial (618) 256-6211, Scott Air Force Base, Illinois. Complete administrative and medical information, including assigned date of admittance at NDRC must be provided. PAC will respond with time and location of AEROVAC flight. Upon completion of rehabilitation NDRC will report the member to PAC as ready for movement and give desired destination. Members attached to overseas commands requiring drug rehabilitation will be reported to the originating Joint Medical Regulating Office (JMRO) which will respond with a flight time and location and will also contact NDRC for a scheduled date of admittance.

(5) If, after a suitable period of evaluation by the drug treatment facility, a member is adjudged not amenable to rehabilitation, NDRC is authorized to alter the member's status from TAD-TREAT to TEMDU and process the member for discharge.

(6) Enlisted reservists identified as drug dependent who are serving on orders to 30 days or more of active duty, temporary active duty, or active duty for training (including involuntary active duty for training resulting from unsatisfactory participation in the Naval Reserve) are subject to the same policies and procedures prescribed for regular Navy members. Enlisted reservists identified as drug dependent participating in inactive duty for training (drills), or serving on orders to

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active duty or active duty for training for less than 30 days, shall be given a medical evaluation by a qualified physician, detoxified if required, disciplined and reappraised of the Navy's "Zero Tolerance" policy. The member will then be put on a time-limited (not to exceed six months) urinalysis testing regimen (as part of his/her command's counseling program) appropriate to his/her inactive duty schedule and counseled concerning the availability of local civilian counseling and rehabilitation services. The member may also be afforded use of the Navy's active duty drug and alcohol abuse residential rehabilitation programs on a voluntary, space available basis in accordance with procedures promulgated in reference (u). For officers and chief petty officers, and for those enlisted reservists involved in more than one drug abuse incident, discipline and separation procedures shall parallel, as appropriate, those prescribed for active duty personnel.

(7) Upon completion of residential rehabilitation at NDRC an entry will be made in the service records of drug abusers, including those identified through the self-referral procedure, certifying successful completion or early termination of the prescribed rehabilitation regimen due to non-amenability, and reiterating that residential drug rehabilitation is a one-time opportunity per career and that a return to drug abuse behavior will normally be grounds for a punitive or other than honorable discharge.

d. Level III (Residential Rehabilitation for Alcohol Dependent Personnel)

(1) If a member has been formally evaluated and diagnosed as alcohol dependent in need of residential rehabilitation, the commanding officer has recommended him/her for retention, rehabilitation at either Level I or II has not been effective or appropriate and the member has not previously been treated at a Level III facility, then the member is considered eligible for residential alcohol rehabilitation. (See enclosure (6)).

(2) Residential alcoholism rehabilitation is available at Navy Alcohol Rehabilitation Centers (ARCs), Navy Alcohol Rehabilitation Services (ARSS) and Navy Alcohol Rehabilitation Drydocks (ARDs). If feasible and available, residential rehabilitation shall be provided at an alcoholism rehabilitation facility nearest the member's parent command (duty station or home port).

(3) In addition, personnel not meeting minimum criteria for physical fitness and weight control standards as defined in reference (p) may be treated at the Navy's Alcohol Rehabilitation Centers (ARCs). Residential treatment will include, where required, bed space and transportation to self-help groups.

(4) Prior to effecting transfer of the member to a residential alcoholism rehabilitation facility, the command shall:

(a) Dispose of all disciplinary action.

(b) Ensure that the member is inspected and has at least the minimum clothing required by NAVPERS 15665C, U.S. Navy Uniform Regulations.

(c) Ensure that the member hand-carries to the rehabilitation facility his/her service record, pay record, and medical/dental records. These records shall be double-wrapped together and sealed to prevent patient tampering with record contents. Alternatively, a command may elect to transfer records to the residential rehabilitation facility via express mail or specialized courier service if there is a perceived likelihood of records being lost, destroyed, or altered. In the latter case, commands must ensure that records are delivered to the rehabilitation facility prior to the arrival of the member for rehabilitation.

(d) Members shall be issued TAD-TREAT orders for the period of time spanning rehabilitation duration (normally six weeks).

(5) If residential rehabilitation is not available within the immediate geographic area of the member's parent command or if the local residential rehabilitation facility is unable to accept the member for rehabilitation within a time frame acceptable to the command, the command may elect to request residential rehabilitation for the member via the Armed Services Medical Regulating Office (ASMRO). The member is eligible for transportation to the rehabilitation facility via the aeromedical evacuation (AEROVAC) system at no cost to the parent command. Since a waiting list normally exists in the ASMRO system, information concerning personnel on the waiting list may be obtained directly from ASMRO via telephone or message, as appropriate. Procedures for entry into the ASMRO system are as follows:

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(a) Commands shall contact the nearest military medical treatment facility (MTF), which will coordinate, with ASMRO and the member's command, the member's transportation to an ARC or ARS, as appropriate. Commands shall provide to the MTF as a minimum:

1 Patient's name, rank, SSN, sex, and branch of service (when applicable).

2 Identification of member's parent command.

3 Location of spouse or family member if co-joint treatment is indicated.

4 Diagnosis, including any significant secondary diagnosis (diagnostic code number is not adequate). Commands shall confirm that the member has been screened by a qualified SAC, NASAP/NDSAP or CAAC, and been diagnosed as alcohol-dependent by competent medical authority.

(b) The MTF shall provide the above information to ASMRO along with any supplemental information deemed appropriate.

(c) The military medical treatment facility shall also provide detoxification and preliminary rehabilitation, if indicated.

(d) When hospitalization is not required, member's will be retained at their parent commands while awaiting notification of ARC/ARS bed availability. Beds will be assigned to the members by the MTF upon the MTF's notification of bed availability from ASMRO. When ship movements dictate, the parent command will coordinate with the MTF and the nearest naval station for temporary arrangements to ensure the member's availability of transfer to an ARC/ARS on the date indicated by ASMRO. In any case, Level II facilities and programs may and should be utilized pending availability of Level III bed space.

(e) When the ARC/ARS designation is received from ASMRO, the medical treatment facility shall notify the member's command to effect transfer of the member (TAD-TREAT) to the ARC/ARS, as designated, via the aeromedical evacuation (AEROVAC) system.

(f) Whenever practicable, the member shall be returned to his/her parent command upon completion of rehabilitation, unless the member is assigned to overseas duty (except Hawaii), in which case the member should normally be reassigned to duty in CONUS.

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(6) If, after a suitable period of evaluation by the alcohol treatment facility, a member is adjudged not amenable to rehabilitation, and if the member's command is in a deployed or deploying status, the facility is authorized to alter the member's status from TAD-TREAT to TEMDU and process the member for discharge if approved by CNMPC. In all other cases, members evaluated as non-amenable to rehabilitation will be returned to their parent commands for separation processing or other appropriate administrative action.

(7) Officer and enlisted reservists identified as alcoholics who are serving on orders to 30 days or more of active duty, temporary active duty, or active duty for training (including involuntary active duty for training resulting from unsatisfactory participation in the Naval Reserve) are subject to the same policies and procedures prescribed for regular Navy members. Reservists identified as alcoholics participating in inactive duty for training (drills), or serving on orders to active duty or active duty for training for less than 30 days, shall be given a medical evaluation by a qualified physician, detoxified if required, disciplined, if warranted, and reapprised of the Navy's "Zero Tolerance" policy. The member will then be counseled concerning the availability of local civilian counseling and rehabilitation services. The member may also be afforded use of the Navy's active duty alcohol abuse residential rehabilitation programs on a voluntary space available basis in accordance with reference (u). Continued alcohol abuse, however, will result in administrative separation action being taken against the member, paralleling the disposition action prescribed for alcohol abusing active duty personnel.

7. Follow-on disposition (aftercare)

a. During the terminal phase of the Levels II and III rehabilitation programs, the rehabilitation facility staff shall prepare a written "aftercare" support plan to provide for the clients's continuing recovery following completion of the formalized counseling/rehabilitation program. This plan shall be individually tailored to the client's needs and may include:

(1) continued antabuse therapy of specified duration for individuals diagnosed as alcohol dependent;

(2) recommended attendance (including frequency) at Alcoholic's Anonymous and/or Narcotics Anonymous meetings as appropriate (if available at client's duty station) for the duration of the aftercare period;

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(3) participation in a formalized "aftercare" counseling program, if warranted and if available at the client's duty station;

(4) maintenance of a drug abuse urinalysis testing program; four samples per month on random basis for the duration of the aftercare period;

(5) recommendations for participation in additional rehabilitative programs which may be warranted based on client needs identified during drug or alcohol abuse rehabilitation such as marriage counseling, Parents United, Overeaters Anonymous, sexual offenders groups, etc;

(6) recommendations regarding follow-on rehabilitative assistance for family members, such as Al-Anon and Alateen.

b. Residential and nonresidential drug and alcohol abuse counseling/rehabilitation facilities shall provide the written aftercare plan to the client's commanding officer concurrently with the client's completion of the Level II or III program. Residential facilities shall also provide a copy of the aftercare plan to the appropriate SAC/CAAC servicing the client's command to facilitate optimal coordination between commands and rehabilitative facilities in supporting the client's continuing recovery.

c. Personnel who successfully complete the Level II and Level III drug or alcohol abuse rehabilitation program should remain in an "aftercare" status for a period of not less than 180 days.

d. Commanding officers are strongly encouraged to support the member's efforts in an aftercare program. This may be done by allocating space for sanctioned Alcoholics Anonymous/ Narcotics Anonymous meetings at their commands. Normally, the Command Substance Abuse Coordinator should coordinate the command aftercare program and may be assisted by personnel designated by the commanding officer. Recovered alcoholics and drug abusers are frequently highly motivated to assist other personnel newly recovering from alcohol and drug abuse.

e. Criteria for a successful completion of rehabilitation may vary depending on the nature and severity of the drug or alcohol abuse problem. Generally a member may be considered successfully rehabilitated if he/she meets criteria stated in enclosure (8).

8. Rehabilitation program exit

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a. Upon satisfactory completion of a member's drug and alcohol abuse counseling/education/rehabilitation program, regardless of the level, the commanding officer of the member's parent unit shall observe the member's performance for a period of up to 180 days. This 180 day period of observation shall run concurrently with the assigned follow-on disposition (after-care) plan individually tailored to each member. The member's commanding officer shall then make a determination of the member's success or failure at rehabilitation, and execute the appropriate endorsements on the Drug and Alcohol Abuse Program Statement (TAB A). A determination of successful program completion by the member's commanding officer may constitute a reinstatement for the member. The original Drug and Alcohol Abuse Program Statement (plus all endorsements) will be maintained in the member's field service record and a copy will be mailed to the Navy Alcohol and Drug Information System (NADIS) Processing Office.

b. If, at any point during the counseling/rehabilitation process, the member is evaluated as not amenable to counseling/rehabilitation, an appropriate endorsement should be made to the member's Drug and Alcohol Abuse Program Statement OPNAV 5350/4 (see TAB A) and the member should be processed for administrative separation.

9. Determination of Rehabilitation Program Success and Failure. See paragraph 6 of enclosure (8) for the criteria for rehabilitation success and failure and their use in separation processing.

10. Case Disposition for Civilian Employees Who are Identified as Substance Abusers. Guidance on the identification, enforcement, detection techniques, administration of discipline, rehabilitation and disposition of alcohol and drug abuse by civilians is contained in references (a), (k), (l), and (m). For specific guidance, consult the servicing personnel office. Civilian employees who engage in drug abuse or misconduct involving alcohol shall be subject to disciplinary action, as appropriate, in accordance with references (k), (l) and (m). Civilian employees found medically unfit by reason of drug abuse or consumption of alcohol to perform critical functions safely and reliably shall be relieved from their duties until they are found to be fit. A civilian or contract employee under the influence of marijuana, narcotics, or other controlled substance while on any unit or installation shall be removed from the property as expeditiously as circumstances permit.

a. Trafficking in illegal drugs and drug paraphernalia by civilian employees while on a military installation or vessel,

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including aircraft or MSC vessels, and illegal drug use by a civilian employee while on military aircraft or vessels, including MSC vessels, normally require the institution of disciplinary action, withdrawal of security clearance, and the referral for prosecution by appropriate law enforcement authorities because of the unacceptable risk to military personnel, government property and mission accomplishment. Where the civilian employee's duties are critical or are such that the failure to execute them properly could endanger the health or safety of others, risk damage to government property, or significantly impair day-to-day operations, these factors shall be given great weight in determining whether disciplinary action is required and if so, an appropriate punishment. In such instances, the employee must be detailed to other non-critical duties (including lower-graded duties, if necessary) or placed in an administrative leave status pending execution of disciplinary action in accordance with reference (1). In the event that a civilian employee engaged in such duties commits a second offense but is retained in the employ of the Department of the Navy, the employee shall be reassigned to a non-critical position, including detail to lower-graded duties if a lateral, non-critical assignment is not immediately available, unless operational necessity dictates otherwise.

b. Possession of marijuana, narcotics, or other controlled substances or drug paraphernalia on a military installation by a civilian employee normally requires the institution of disciplinary action, review of eligibility for clearance, and referral for prosecution by appropriate civil law enforcement authorities. Possession of such material by civilian employees while on military aircraft or vessels, including MSC vessels, is obviously a more grievous offense and should be treated accordingly. In the event that a civilian employee, engaged in the performance of critical duties or duties where the failure to execute properly could endanger the health and safety of others, has committed such possession offenses on more than one occasion but has been retained in the employ of the Department of the Navy, that employee shall be reassigned to a non-critical position, including detail to lower-graded duties if lateral non-critical assignment is not immediately available, unless operational necessity dictates otherwise.

c. Civilian employees who are prosecuted by civil authorities for trafficking in marijuana, narcotics, or other controlled substances or any other form of drug abuse shall be detailed to non-sensitive duties including lower-graded duties, if necessary, and shall have their security clearances suspended. Civilian employees who are convicted of drug offenses by civil authorities shall be permanently reassigned from sensitive duties and shall

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have their security clearances adjusted accordingly. Disciplinary action may be instituted for conviction of drug offenses by civil authorities where the requisite nexus is present.

d. When marijuana, narcotics or other controlled substances are discovered in the course of an inspection or search of a vehicle operated by a civilian or contract employee, the employee and the vehicle shall be detained for a reasonable period of time necessary to turn the employee and the vehicle over to appropriate civilian law enforcement officials. In addition, action shall be taken, in accordance with paragraph 6-1 of reference (i), to suspend, revoke or deny installation driving privileges of the owner/operator of the vehicle.

e. The Merit Systems Protection Board has held that alcoholism and other forms of drug abuse are handicapping conditions requiring reasonable accommodation before disciplinary action can be effected. This does not mean that reasonable accommodation is a requirement in every case of misconduct or unacceptable performance which is related to or involves drug or alcohol abuse. However, activities must be aware of the policy guidance provided in reference (k). Generally the requirement to afford reasonable accommodation does not arise until there is evidence that the misconduct or unacceptable performance was caused by the handicapping condition. Further, even in instances where there is a requirement to accommodate, that requirement has limits and can be met by showing that requisite reasonable accommodation would impose undue hardship on the activity. If the employee refuses counseling and/or treatment under reference (k), the requirement to accord reasonable accommodation has been met. The requirement for reasonable accommodation does not prevent activity heads from releasing information and evidence to appropriate civil authorities (federal, state, or local) for possible criminal action against civilian employees providing such release of information or evidence is made in accordance with the confidentiality requirements of reference (k) and other requirements of references (o) and (s).

DRUG AND ALCOHOL ABUSE PROGRAM STATEMENT (ENTRY)

Date: _____

From: Commanding Officer, _____
To: _____
(Rate First MI Last Name, USN/USNR, SSN)

Subj: Drug and Alcohol Abuse Rehabilitation Program

Encl: (1) Drug and Alcohol Abuse Program Regimen

1. This letter certifies that you have been formally evaluated as a drug or alcohol abuser, and that you possess potential for continued naval service. Your rehabilitation regimen is specified in enclosure (1).

2. You are disqualified from the _____ program. In addition, the following restrictions apply during the period of your disqualification:

3. Except for permanent disqualification from a Nuclear Power program for drug abuse, you may apply for all of the above areas upon successful completion of your Drug and Alcohol Abuse Program Regimen (enclosure (1)), after meeting the criteria as established by the Program Manager, and upon your commanding officer's final reinstatement endorsement.

(Commanding Officer)

Copy to:
Service Record
NADIS Program Office

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DRUG AND ALCOHOL ABUSE PROGRAM STATEMENT (ENTRY)

Drug and Alcohol Abuse Program Regimen

(Check and complete applicable items)

1. Level-I

- (a) Command Counseling _____
- (b) Motivational Education _____
- (c) NASAP/NDSAP _____
- (d) Antabuse Therapy _____
- (e) AA/NA Meeting (specify) _____ Mtgs per week for _____ weeks.
- (f) Rehabilitation Testing Program (Specify drug(s)) _____ tests per month for _____ months.
- (g) Other (specify) _____

2. Level-II

- (a) Provisions of Level-I as specified above
- (b) Non-residential counseling at _____ facility commencing _____ until completion.
- (c) Other (Specify) _____

3. Level-III (dependency evidenced--not amenable to counseling at lower levels)

- (a) Detoxification at _____
- (b) Residential Rehabilitation at _____ facility for _____ weeks.
- (c) Provisions of Level-I and/or II specified above
- (d) Other (Specify) _____

4. Recommended Program follow-on (aftercare) beginning _____ date and ending _____ date

- (a) AA/NA meetings (specify) _____ per week.
- (b) Antabuse Therapy (Alcohol) _____
- (c) Random Urinalysis Testing (Specify Drug(s)) _____ tests per month for _____ months.
- (d) NASAP/NDSAP (specify) commencing _____
- (e) "Aftercare" counseling at _____ facility commencing _____ until completion.
- (f) Other recommended: _____

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SAMPLE PAGE 13 ENTRY

_____: I was interviewed this date, and it was explained to me that a continuation of my past performance may ultimately disqualify me from receiving an honorable discharge. The possible effects of the various types of discharge certificates relative to reenlistment, civilian employment, veterans benefits, and related matters were also explained. Additionally, if my behavior does not improve, I may be processed for a discharge under less than honorable conditions.

Witnessed:

Administrative Officer

Enclosure (7)
TAB B

**NON-ACCESSION ENLISTED PERSONNEL (E-6 AND BELOW)
(MATRIX SUMMARY OF PARAGRAPH 2f)**

<u>Evaluation</u>	Drug Dependent		Non Drug Dependent		
	1st incident	2nd incident	1st incident	2nd incident	3rd incident
Potential	Drug Abuse Program Level III	Separate or Drug Abuse Program Level III (Note 1)	Drug Abuse Program Level I or II	Separate (Note 2)	Separate (Note 3)
<u>No</u> Potential	Separate	Separate	Separate	Separate	Separate

General Note: All of the individuals falling into the above catagories should be disciplined as appropriate.

Note 1: Members who fail Level II may be considered for Level III, providing all eligibility criteria are met. It should be noted, however, that members may receive only one residential drug rehabilitation per career, as set forth in enclosure (6).

Note 2: Members will be separated unless the CO has determined exceptional potential for further useful service exists; CNMPC must be informed if retained.

Note 3: A waiver for continued naval service must be requested of the Chief of Naval Personnel and will be granted only under the most unusual circumstances.

Enclosure (7)
TAB C

OPNAVINST 5350.4
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Threat Assessment and Program Evaluation and Analysis

1. Threat Assessment. The scope of the drug and alcohol abuse problem among Navy members is to be determined on a regional/area basis by the cognizant Navy Drug and Alcohol Advisory Council (NDAAC) which will assess existing and potential threats resulting from abuse and drug trafficking and recommend necessary corrective action.

2. Surveys. To assist in threat assessment, the DOD Office of Drug and Alcohol Abuse Prevention conducts a biennial DOD-wide survey to determine the nature and extent of drug and alcohol abuse among active duty military personnel. Commands as well as individuals who participate are selected randomly to provide a representative sample of the Navy and are tasked to cooperate fully in this important endeavor. Periodically, special studies and surveys will also be conducted by the Navy to identify problem areas, determine trends, and evaluate drug and alcohol abuse programs.

3. Data Collection and Reports

a. Following expansion of the Navy Alcohol and Drug Information System (NADIS), a Substance Abuse Management Information Tracking System (SAMITS) shall be established by the Director, Drug and Alcohol Abuse Prevention and Control. SAMITS is designed to perform overall threat assessment by trend projection and the tracking of individuals who have been identified as drug or alcohol abusers. In addition, SAMITS is charged with developing a management information system and management report formats that will evaluate the performance of the various drug and alcohol abuse and prevention field activities. SAMITS is charged with developing and utilizing data interfaces with other Navy data systems (e.g. officer and enlisted personnel files, etc.) to facilitate exchange of critical personnel data. Finally, SAMITS is to continue its involvement in Life Cycle Management procedures in order to continually upgrade and enhance its ability to carry out its mission mandates.

b. Data inputs to SAMITS include, but are not limited to, rehabilitation statistics; urinalysis, breathalyzer and other identification statistics; number of drug detector dog sweeps and results achieved; regional intelligence information on the availability of drugs by type; NJP punishments awarded and courts-martial convictions involving drug and alcohol abuse by type of drug; accidents and safety violations involving alcohol or drugs; drug and alcohol related discharge statistics; drug and

Enclosure (8)

alcohol abuse program resource data such as budget and manpower allocations; and education and training data. The report formats in enclosure (13) constitute a major input to SAMITS, which, in turn, provides most of the information that must be provided quarterly by CNO to the Office of the Secretary of Defense, semiannually to the Assistant Secretary of the Navy (M&RA), annually to the Office of Management and Budget, and periodically to Congressional oversight committees.

4. Program Evaluation. In addition to measuring the scope of the drug and alcohol abuse problem among Navy members, program evaluation is essential to good management, measuring the effectiveness of new policies and countermeasures being considered or instituted.

a. Program Standardization and Quality Assurance Team. Second echelon Program Standardization and Quality Assurance Team shall conduct on-site field assessments to evaluate effectiveness of programs and procedures, compliance with policy, workload, adequacy of resources and progress in conducting preventive education and rehabilitation programs. CNMPC shall provide a member to the second echelon Program Standardization and Quality Assurance Team when this team is assessing a site under second echelon claimancy.

b. Management Information. Data collection and analysis systems shall identify statistical trends to support requisite policy and procedural changes, assist in evaluating the effect of policies and programs on drug and alcohol abuse levels, and track individuals identified as drug or alcohol abusers. Information to determine funding and manpower requirements and to respond to Congressional, public, news media, and other inquiries originating within the Navy and DOD shall also be included in SAMITS reports to the extent feasible.

c. Research. Research projects specific to Navy needs shall be undertaken to keep the Navy abreast of the latest technologies, processes and methods and shall have the following objectives:

(1) To clarify aspects of drug and alcohol abuse not fully determined by DOD biennial surveys or other studies;

(2) To provide information for use in redesign, planning, and new program development;

(3) To pinpoint problems and identify areas of concern requiring study in greater depth;

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(4) To determine the comparative value or degree of success of ongoing drug and alcohol abuse programs and of new program elements as they are implemented;

(5) To monitor developments in the field, conduct liaison with civilian and other armed forces research agencies, and keep Navy program managers informed of useful new advancements;

(6) To ensure qualified representation of Department of the Navy on the Department of Defense Research Subcommittee and at other government and civilian agency meetings and conferences pertaining to drug and alcohol abuse research.

5. Evaluation and Analysis. In the field, evaluation and analysis of new and ongoing programs are key functions performed by the regional Navy Drug and Alcohol Advisory Councils (NDAACs). At the headquarters level, reports and recommendations of the NDAACs must be assimilated together with reports and trend information from other sources, findings of the Inspection and Assistance Teams and IG inspections, research data, and similar inputs in order to provide an effective guide to policy formulation, program planning and implementation. An evaluation and analysis section under the Drug and Alcohol Abuse Program Director shall be tasked with supervision of the Substance Abuse Management Information Tracking System (SAMITS) and performance of the following functions at the first echelon level:

a. Aid in setting priorities and overall program focus, including resource requirements and justification of budget requests;

b. Identify geographic areas and subjects evidencing problems and needing study or research in greater depth;

c. Determine alternatives available to managers to address specific problems, effect improvements, and compare the relative effectiveness of various approaches to prevention, detection, deterrence, education, training, discipline, separation, and rehabilitation, including measurements applied to different target groups;

d. Obtain data to aid in development of new policies and procedures, or changes in existing methods;

e. Determine the extent of timely achievement of program goals and weaknesses needing attention;

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f. Respond to internal and external queries and requests for statistical and other information concerning assessment and evaluation;

g. Determine compliance with pertinent directives;

h. Prepare periodic reports required by the Office of the Secretary of the Navy (reference (a)), Department of Defense (reference (d)), and such other special reports and program analyses as may be called for from time to time.

i. Conduct regular effectiveness evaluations to measure the extent to which education, counseling, rehabilitation, screening and referral services provided meet organizational needs, program goals and objectives.

6. Personnel Rehabilitation Failure and Success. Criteria for rehabilitation success and failure is included as follows:

a. Personal Rehabilitation Failure. An individual is considered to be a personal rehabilitation failure if, in the judgement of the cognizant commanding officer, he/she has:

(1) Demonstrated continued drug/alcohol abuse and has been determined to be not amenable to or ineligible for any other drug or alcohol abuse program intervention; or

(2) Failed to complete his/her prescribed Drug and Alcohol Abuse Regimen (see Tab A of enclosure (6)) and has been determined to be not amenable to or ineligible for any other drug or alcohol abuse program intervention; or

(3) Completed a formal regimen of counseling/education/treatment but his/her performance evaluations/fitness reports are less than 2.7/Upper 50% and steady or declining and he/she is not recommended for retention/reenlistment.

Failure under this definition may constitute Drug or Alcohol (as appropriate) Abuse Rehabilitation Failure and may be used for separation purposes.

b. Personal Rehabilitation Success. As monitored for two years by the cognizant commanding officer, rehabilitation is considered successful for personnel counseled/educated/treated and returned to duty who meet all of the following criteria:

(1) Performance evaluations/fitness report are 2.7/Upper 50% and steady or improving;

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(2) No further drug/alcohol incidents; and

(3) Recommended for retention/reenlistment.

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Preservice Use of Drugs and Alcohol

1. Policy. It is Department of the Navy policy that drug and alcohol dependent personnel, current drug and alcohol abusers and those persons whose preservice abuse of drugs and/or alcohol indicates a proclivity to continue abuse in the service not be permitted to enter the naval service. It is recognized, however, that some people have clear potential to become creditable performers despite past exposure to drug and/or alcohol abuse. As such, waivers are not required for the preservice casual or experimental marijuana user. Accordingly, in executing the Application for Enlistment - Armed Forces of the United States (DD 1966/5), Commander Naval Recruiting Command will direct recruiting personnel to line out and initial Sections IVa, IVb, and IVc (see TAB B). Recruiting procedures shall include positive measures to identify and screen out drug and/or alcohol abusers at the point of application for enlistment, appointment or commission.

2. Statement of Understanding. Prior to induction into the naval service, a statement of understanding indicating the Navy's intolerance of drug abuse, the use of urinalysis procedures to detect drug abuse and the consequences to the individual should drug abuse be detected after entry shall be explained to and signed by every officer and enlisted accession. The Commander, Navy Recruiting Command, Chief of Naval Education and Training and the Superintendent, U. S. Naval Academy shall establish an administrative procedure for executing the Statement of Understanding described in TAB A. For individuals reporting to Naval Training Centers who have not executed a Statement of Understanding prior to enlistment, Chief, Naval Education and Training shall have that statement completed. The signed Statement of Understanding shall be filed in the member's service record. Failure to file the statement does not preclude enforcement of Navy Drug and Alcohol policy provisions. In addition, all Nuclear Power Program candidates sign a Nuclear Field Statement of Understanding in accordance with NAVMILPERSCOMINST 1306.1 prior to enlistment in the Nuclear Power Program. This Statement of Understanding specifically states that continuation in the Nuclear Power Program will be denied to any individual identified as a drug abuser both prior to and after entry into active service.

3. Guidelines for Acceptance. Guidelines for acceptance into the naval service are as follows:

Enclosure (9)

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a. Except as provided for in paragraph 3b, applicants are not eligible for enlistment, appointment or commissioning if they have:

- (1) Ever been convicted of a drug abuse offense;
- (2) Ever been psychologically or physically dependent upon any drug or alcohol;
- (3) Ever been a trafficker (supplier) of illegal drugs.

b. Acceptance may be requested for the disqualifying factors in (1) and (2) when the preservice abuse or dependency was resolved in such a way that there is little likelihood that such behavior will recur. Commander, Navy Recruiting Command shall provide procedures for the granting of acceptance to individuals considered good risk applicants.

c. Applicants for Submarine, Nuclear Power and Personnel Reliability Programs and ratings requiring special acceptance criteria shall be processed for acceptance in accordance with the special criteria established by those program sponsors, provided the acceptance criteria do not violate the general acceptance policy established here.

4. Post Enlistment Disclosure of Drug or Alcohol Abuse. Personnel who admit to preservice drug or alcohol abuse subsequent to denial of preservice drug and alcohol abuse at the time of entry will be evaluated on a case-by-case basis. Such personnel may be processed for fraudulent enlistment and/or processed for separation. Personnel who would have met the criteria specified above at time of entry may be retained with the approval of the appropriate second echelon commander or his/her designated representative who shall forward copies of correspondence to Commander, Naval Military Personnel Command (NMPC-832).

5. Preservice Drug Related Offenses. Individuals who have been convicted of a drug abuse offense must be considered in accordance with the guidelines developed by Commander, Navy Recruiting Command for processing applicants with past civil convictions. For purposes of this enclosure, the phrase "convicted of a drug abuse offense" does not include civil arrests or trial action involving drug abuse when the charges were dropped or the individual was judged not guilty, unless such judgement or dismissal was the result of an agreement or

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deferral of prosecution conditioned on entry into the naval service.

6. Preservice Alcohol Related Offenses. Individuals who have been convicted of an alcohol related offense must be considered in accordance with the guidelines developed by Commander, Navy Recruiting Command for processing applicants with past civil convictions. In this regard, persons with multiple alcohol-related civil convictions (DWIs, etc.) should normally be considered ineligible for Navy service.

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ORIGINAL SIGNED COPY OF THIS FORM MUST BE PRINTED ON BOTH SIDES RATHER THAN ON TWO SEPARATE PAGES

DRUG AND ALCOHOL ABUSE STATEMENT OF UNDERSTANDING

PRIVACY ACT STATEMENT

The Navy is responsible for preventing drug and alcohol abuse by its members and for disciplining those who promote or engage in drug and alcohol abuse. Navy personnel are subject to drug and alcohol testing methods, including urinalysis, to enforce this policy. Authority to obtain your social security number, which will be used for identification and filing, is provided by 5 USC 301 and Executive Order 9397 (NOTAL). Disclosure of your social security number is voluntary. Failure to disclose this information, however, will result in termination of the process for which this statement is required.

I, _____ understand that: <div style="text-align: center; font-size: small;">(Full name - first, middle, last)</div>	INITIALS
1. Service in the United States Navy or Naval Reserve places me in a position of special trust and responsibility.	
2. Drug abuse by members of the United States Navy is against the law; and drug and alcohol abuse, in general, violates Navy standards of behavior and duty performance and will not be tolerated.	
3. The illegal or improper use of alcohol, marijuana and other controlled substances endangers my health and the safety of other Navy men and women.	
4. If I illegally or improperly use or possess alcohol or drugs, including marijuana, appropriate disciplinary and/or administrative action may be taken against me. In the case of drugs, this action may include trial by court-martial or administrative separation from the Navy. Administrative separation for drug abuse or separation in lieu of trial by court-martial could result in an other than honorable discharge. Conviction by a court-martial of a drug-related offense may lead to a punitive separation. This can result in a denial of education benefits, home loan assistance, and other benefits administered by the VA. Additionally, a person receiving such a separation or discharge can expect to encounter substantial prejudice in civilian life in situations where the character of separation or discharge received from the Armed Forces may have a bearing.	
5. (Initial applicable section only -- a, b, or c)	
a. (OFFICERS PRE-COMMISSIONING PROGRAMS) I understand the U. S. Navy's intolerance of substance abuse and that I will be screened by urinalysis testing for the presence of marijuana or drugs within thirty days of reporting for training. I further understand that a single detection of drug abuse after entry will result in disenrollment from an officer program and separation from the Navy.	
b. (CHIEF PETTY OFFICERS) I understand that the Navy's policy of zero-tolerance towards drug and alcohol abuse by its leaders will result in administrative or disciplinary action and may result in my separation.	

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DRUG AND ALCOHOL ABUSE STATEMENT OF UNDERSTANDING (Continued)		
5. c. (ENLISTED, E-1 THROUGH E-6) I understand that the Navy does not tolerate drug or alcohol abuse by its members and will take disciplinary action against those who promote or engage in drug abuse. Pertaining to my enlistment into the Navy, I further understand that:		INITIALS
(1) The Navy drug urinalysis test can detect the use of illegal drugs, including marijuana, up to 30 days following such use.		
(2) The drug urinalysis test will be given to all personnel within 48 hours of arrival at the Recruit Training Center and at other periodic follow-on times as necessary.		
(3) If I am found to have positive test indications of marijuana use, I shall be strongly warned, and if any follow-on tests indicate continued drug abuse, it will be cause for my separation from the Navy.		
(4) Any drug urinalysis test showing positive indication of any drug use, other than marijuana, shall be cause for my being processed for discharge from the Navy.		
(5) Detection of drug abuse may disqualify me from certain occupations or programs for which I enlisted and I may either be reassigned to another program or processed for separation from the Navy at the option of the Navy.		
<p align="center">CERTIFICATION</p> <p align="center">I HAVE READ AND FULLY UNDERSTAND ALL THE INFORMATION CONTAINED ON BOTH SIDES OF THIS FORM</p>		
TYPED/PRINTED NAME (Last, First, Middle)	SIGNATURE	DATE
SSN	GRADE/RANK (if applicable)	
<p align="center">CERTIFYING OFFICIAL AND WITNESS</p> <p align="center">I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE IN MY PRESENCE</p>		
TYPED/PRINTED NAME AND TITLE OF OFFICIAL CERTIFYING	SIGNATURE	DATE
TYPED/PRINTED NAME AND TITLE OF WITNESS	SIGNATURE	DATE
REMARKS		

LAST NAME				SSAN	
SECTION IV - OTHER BACKGROUND DATA (Continued from page 4)					
				NO	YES
a. Have you ever taken any narcotic substance, sedative, stimulant, or tranquilizer drugs, except as prescribed by a licensed physician? <i>yes</i>					
b. Have you ever intentionally sniffed glue, paint, hairspray, or other chemical fumes? <i>yes</i>					
c. Have you ever been involved in the use, purchase, possession, or sale of marijuana, LSD, or any other harmful or habit-forming drugs and/or chemicals, except as prescribed by a licensed physician? <i>yes</i>					
d. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, arrest by police, or treatment for alcoholism?					
e. Have you ever been a patient (whether or not formally committed) in any institution primarily devoted to the treatment of mental, nervous, emotional, psychological, or personality disorders?					
f. Have you ever engaged in homosexual activity (sexual relations with another person of the same sex)?					
36. INVOLVEMENT WITH POLICE OR JUDICIAL AUTHORITIES					
YOUR ANSWERS TO THE FOLLOWING QUESTIONS WILL BE VERIFIED WITH THE FEDERAL BUREAU OF INVESTIGATION (FBI) AND OTHER AGENCIES TO DETERMINE ANY PREVIOUS RECORDS OF ARREST OR CONVICTIONS OR JUVENILE COURT ADJUDICATIONS. IF YOU CONCEAL SUCH RECORDS AT THIS TIME, YOU MAY, UPON ENLISTMENT, BE SUBJECT TO DISCIPLINARY ACTION AND/OR DISCHARGE/SEPARATION FROM THE MILITARY SERVICE WITH OTHER THAN AN HONORABLE DISCHARGE. (Answer by placing your initials in the appropriate block.)					
				NO	YES
a. Have you ever been arrested, charged, cited (including traffic violations) or held by any law-enforcement or juvenile authorities in the United States or in a foreign country regardless of whether the citation or charge was dropped or dismissed or you were found not guilty?					
b. As a result of being arrested, charged, cited, or held by law-enforcement or juvenile authorities, have you ever been convicted, fined, or forfeited bond, or adjudicated a youthful offender or juvenile delinquent (regardless of whether the record in your case has been "sealed", expunged, or otherwise stricken from the court record)?					
c. Have you ever been detained, held in, or served time in, any jail or prison or reform or industrial school or any juvenile facility or correctional institution in the United States or in a foreign country?					
d. Have you been released from parole, probation, juvenile supervision, or given a suspended sentence or relieved of charges pending on condition that you apply for or enlist in the United States Armed Forces?					
e. Are you now involved in, or a party to, or connected with, any court action or civil suit? (Explain a "yes" answer in item 37.)					
f. Explain below "yes" answers given in "a" through "d" above. (Include all incidents with law-enforcement authorities even if the citation or charge was dropped or dismissed or you were found not guilty or you have been told by recruiting personnel or anyone else that the incident was not important enough to list.)					
OFFENSE (1)	DATE (2)	PLACE (3)	AGE (4)	DISPOSITION (5)	COURT (6)

Disclosure of Drug and Alcohol Abuse Information

1. General. The development of trust and confidence is an integral part of the rehabilitation process. Disclosure made by a member to drug or alcohol abuse screening, counseling, treatment, or rehabilitation personnel relating to the member's past drug or alcohol abuse (including disclosures made at Alcoholics Anonymous and Narcotics Anonymous meetings and while attending NASAP/NDSAP classes) are considered privileged and may not be used against the member in any disciplinary action under the UCMJ or as the basis for characterizing a discharge, providing that such information is disclosed by the member for the express purpose of seeking or obtaining counseling, treatment or rehabilitation.

2. Disclosures not confidential. Information disclosed in the following circumstances is not considered confidential.

a. Information disclosed after official questioning in connection with any investigation or any administrative or disciplinary proceeding.

b. Information which discloses a past crime or illegal act, other than drug or alcohol abuse, or an incident which places the command or any of its members in jeopardy is not confidential and will be immediately transmitted to the commanding officer.

c. Information which discloses that any crime or illegal act is about to take place. This information should be immediately transmitted to the commanding officer (and potential victim if any).

3. Records of the identity, diagnosis, prognosis, or treatment of any member who has sought or received counseling, treatment, or rehabilitation in any Navy drug or alcohol abuse counseling, treatment, or rehabilitation program which are maintained in connection with such program may not be introduced against the member in a court-martial except as authorized by a court order issued under the standards set forth in 21 U.S.C. §1175 or 42 U.S.C. §4582, or for rebuttal or impeachment purposes where evidence of drug or alcohol abuse (or lack thereof) has first been introduced by the member.

4. Kinds of Communication Not Considered Disclosure of Confidential Information

a. In a bona fide medical emergency in which the member is incapacitated, information needed for diagnosis and emergency treatment may be released without consent.

b. Communications among staff members within a program, and communication between a program and a "qualified service organization" (a provider of a service to a program which has agreed in writing that it is bound by the federal confidentiality regulations) are not considered disclosures.

c. Information which contains no patient identifying data is not considered a disclosure of confidential information.

5. Access to confidential information. The commanding officer of a member involved in a Navy or DOD drug or alcohol abuse program has access to all confidential information disclosed by that member. Commanding officer's access should, however, be predicated on specific command related issues involving a specific individual. This access right can not be delegated below the level of executive officer and is subject to the limitations on disciplinary and administrative action contained in this enclosure.

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Education

1. Policy. All Navy personnel will be provided drug and alcohol abuse education commensurate with their time in service, grade and level of assigned responsibilities. Courses of instruction will include drug and alcohol abuse awareness; Navy policy, programs and procedures; personal accountability; alternatives to abuse; and the role of leaders and supervisors. Secondary preventive education, directed toward behavior modification, will be administered to those identified, non-dependent abusers who are retained. In addition, appropriate educational programs will be made available to family members as feasible.

2. Purpose. To ensure adequate education is provided at all command levels to support the development of proper attitudes and behaviors to reduce or eliminate drug and alcohol abuse in the Navy and to enable personnel in positions of authority to ensure compliance with the Navy policy of "Zero Tolerance".

3. Responsibilities. The Chief of Naval Education and Training (CNET) is responsible for drug and alcohol abuse education as delineated in paragraph 8d of this instruction. Drug and alcohol abuse education at the U.S. Naval Academy is incorporated, as appropriate, into the standard curriculum, which is under the cognizance of the Chief of Naval Operations. Unit commanders, commanding officers, officers-in-charge and activity heads will ensure all assigned personnel receive appropriate refresher/continuing education at least every two years. The Commander, Naval Military Personnel Command (CNMPC) provides quality assurance, in terms of accuracy, consistency and timeliness, of all drug and alcohol curricula through continued monitoring and in-depth review.

4. Requirements. Specific requirements for drug and alcohol abuse education are contained at TAB A to this enclosure. Lesson plans in support of education requirements will be available from the Commanding Officer, Navy Publications and Forms Center, 5801 Tabor Avenue, Philadelphia, PA 19120. CNMPC (NMPC-63) will announce specific availabilities as they occur.

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Education Requirements

1. All new accessions and pre-fleet entry trainees, both officer and enlisted, shall be given drug and alcohol abuse awareness education with emphasis on prevention.

a. The focus of entry level drug and alcohol abuse education for enlisted personnel shall be primarily on program awareness and primary preventive education. Desired behavior, a range of alternatives and credible role models shall be presented both didactically and experientially as well as a module on the health, career, and disciplinary consequences of abuse. Recruits shall also be made aware of the counseling/rehabilitation programs available and of their responsibilities to themselves and their peers in helping to eliminate drug and alcohol abuse in the naval service. Drug and alcohol abuse instruction at this level shall be compatible with the general indoctrination of recruits and shall be presented didactically within the standards of performance and general military discipline curricula. This education shall be completed before the recruits report to their first permanent duty station.

b. Education for cadets, midshipmen, and other officer and warrant officer candidates shall, in addition to the requirements outlined in paragraph 1a, emphasize the duties and responsibilities of junior leaders in drug and alcohol abuse prevention efforts, to include their responsibilities in creating and maintaining an atmosphere conducive to military discipline and their ongoing role in enforcement of the law. The causes, symptoms, and prevalence of abuse; referral and intervention techniques; and post-rehabilitation responsibilities of junior leaders shall be addressed. A thorough knowledge of current detection and deterrence methods will also be emphasized. Education at this level shall be completed before commissioning or within 90 days after entry on active duty.

2. Continuing refresher education shall be provided by commands at least every two years for all assigned personnel.

a. The following Navy populations and educational content areas are designated:

(1) Junior enlisted (E-1 through E-4) education shall include:

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(a) A reiteration of NADAP policy, emphasizing the Navy's "Zero Tolerance" position.

(b) The physical and psychological consequences of drug and alcohol abuse, including an exploration of what lies behind a person's use, and consequently, abuse of drugs.

(c) The legal and career consequences of drug and alcohol abuse.

(d) Knowledge of the availability of the Navy's counseling/rehabilitation programs.

(e) Knowledge of local drug and alcohol abuse and law enforcement situations.

(2) Officer and senior petty officer (E-5 through E-9) education shall, in addition to the above, emphasize:

(a) Navy policies and programs on drug and alcohol abuse.

(b) The role of the Navy leadership in drug and alcohol abuse prevention and control.

(c) Methods of early identification of drug and alcohol abuse problems.

(d) Confrontation and other intervention techniques and a thorough working knowledge of referral procedures.

(e) Navy rehabilitation programs.

b. In addition, curriculum delivery shall be tailored to the supervisory role to be assumed by the target population at a particular command as follows:

(1) Military supervisors shall have an awareness of:

(a) The scope of the local drug and alcohol abuse problem and its impact on command mission and the maintenance of military discipline.

(b) The command-unique elements of the drug and alcohol abuse program.

(c) The unique and common responsibilities of each command level of supervision for NADAP implementation.

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5. Primary and secondary preventive education will, for the most part, be provided by Navy Alcohol Safety Action Program (NASAP)/Navy Drug Safety Action Program (NDSAP) Detachments and command Substance Abuse Coordinators (SACs). Attendance will be prescribed for those directed to a Level I program in accordance with enclosure (6) of this instruction or may be voluntary at the initiative of the individual. Normally, preventive education shall be conducted after normal duty hours and shall focus on the influence of the peer group on behavior, the identification and clarification of the attendees' attitudes and values, the impact and consequences of continued abuse, and the application of decision-making skills to resolve the attendees' drug or alcohol abuse problem.

6. Civilian employees and their supervisors, both military and civilian, shall be educated in accordance with paragraph VC of reference (k).

7. Education for family members shall be provided, as feasible, on a voluntary basis and shall emphasize the harmful effects of drug and alcohol abuse on health, welfare and safety; the local alcohol and drug abuse situation and laws; the availability of counseling, residential care, and other rehabilitation opportunities and procedures; and alternatives to abuse, particularly those available at the local installation or in the neighboring community.

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(d) Local military and civilian resources, both in the areas of rehabilitation and prevention.

(e) The specific role that an individual supervisor plays in the enforcement of the Uniform Code of Military Justice, and in various detection and deterrence procedures (e.g., searches and inspections).

(2) Military nonsupervisors shall be aware of:

(a) Their responsibility for their own behavior and their impact on their peer group with respect to creating an environment intolerant of drug and alcohol abuse.

(b) The assistance they can receive from the local command structure and NADAP elements in helping to eliminate the effects of abuse from their work places and personal lives.

(c) The variety of positive alternatives to abuse available at local installations and neighboring communities.

(d) The legal consequences of abuse under both the Uniform Code of Military Justice and the local laws.

3. Commanding officers, high level supervisors and staff officers who perform leadership and/or counseling roles as a primary part of their professional functioning must be familiar with Navy drug and alcohol abuse policies and must be given the information necessary to recognize drug and alcohol abuse and to determine proper courses of action to alleviate such problems. Therefore, drug and alcohol abuse as a contemporary issue for leaders, managers and supervisors will continue to be dealt with throughout the Navy member's career as a part of the member's professional or military education.

4. In addition, there are special Navy populations for whom specific drug and alcohol abuse preventive education programs are prepared. They include chaplains; medical personnel, including doctors, nurses, hospital corpsmen, dentists and dental technicians; Family Service Center personnel, including social workers; recruiters/career counselors; and law enforcement personnel, particularly Masters-at-Arms. Commands desiring to have members trained in a special area should contact the Commander, Naval Military Personnel Command (NMPC-63) for information on course availability.

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Training

1. Policy. Training of military and civilian personnel to fill Navy Alcohol and Drug Abuse Program (NADAP) billets and positions, worldwide, is under the cognizance of Commander, Naval Military Personnel Command (NMPC-63). Training will be tailored to meet NADAP requirements for management and operational staff personnel. In addition, NADAP personnel shall be afforded regular follow-on training to maintain competencies and to develop and enhance special skills.

a. Training and continuing education shall be made available for NADAP personnel on schedules designed to keep them abreast of the state-of-the-art. Areas of particular focus shall include prevention, identification, deterrence, intervention, referral, diagnosis, counseling, rehabilitation, educational techniques, evaluation and program management.

b. Training and continuing education in substance abuse areas relevant to specific duties shall be conducted for degreed and nondegreed medical department professionals assigned to the drug and alcohol abuse program. Training shall normally be completed not more than 90 days after assignment.

2. Training Requirements

a. Training of personnel to fill NADAP assignments will be tailored to meet the needs of the following management and operational staff groups:

(1) Program managers at the OP-15/CNMPC and major claimant headquarters level;

(2) Field activity managers, administrators and implementors at Alcohol Rehabilitation Centers (ARCs), the Navy Drug Rehabilitation Center (NDRC), Alcohol Rehabilitation Services (ARSS), Counseling and Assistance Centers (CAACs), and Navy Alcohol Safety Action Program (NASAP)/Navy Drug Safety Action Program (NDSAP) Detachments;

(3) Subordinate managers at the level of Alcohol and Drug Control Offices (ADCO), both officer and enlisted;

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(4) Substance Abuse Coordinators (SACs) at the command level; and

(5) Substance Abuse Treatment Specialists (SATSS) serving in residential rehabilitation facilities.

b. Follow-on and maintenance training shall be afforded NADAP personnel appropriate to their assigned duties and responsibilities. All appropriate military and civilian schools, courses, seminars, conferences and meetings may be considered, to include:

(1) Civilian schools of short duration, generally 1-3 weeks in length, which can be requested to provide continuing education for drug and alcohol specialists, NADAP staff and other personnel working in the substance abuse field.

(2) Preceptorship for counselors involved in direct service delivery to drug and alcohol abusers, primarily at the Counseling and Assistance Centers.

(3) Advanced training for counselors at the Navy Institute of Alcohol Studies (IAS), Alcohol Rehabilitation Center, San Diego, and the Navy Drug and Alcohol Counselor School (NDACS), Naval Drug Rehabilitation Center, Miramar.

(4) The annual program managers seminar at the Naval Drug Rehabilitation Center Miramar, primarily for all training populations except counselors.

(5) Annual meetings of civilian drug and alcohol abuse professional organizations.

c. Lesson plans in support of training requirements will be announced by Commander, Naval Military Personnel Command (NMPC-63) when available from the Commanding Officer, Navy Publications and Forms Center, 5801 Tabor Avenue, Philadelphia, PA 19120.

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REPORTS

This enclosure provides the formats for the Navy-wide submission of those reports required to properly manage the Navy Alcohol and Drug Abuse Program:

1. The SUBSTANCE ABUSE REPORT (SAR) (TAB A) replaces the previous Drug Disposition Recommendation (DDR) and is designed to cover confirmed alcohol and drug abuse incidents. In addition to reporting the facts in a given case, this message or speedletter (for speedletter specify CNMPC Code N-8) is used to transmit the commanding officer's recommendations as to case disposition, including a request when applicable for residential rehabilitation of eligible and appropriate drug dependent members at the Naval Drug Rehabilitation Center. The commanding officer's opinion as to the member's potential for further useful service is the critical determination in the retention or discharge of the abuser. As is customary when transmitting message or speedletter reports of this type, abbreviations should be used whenever possible and side labels may be omitted altogether. See the sample message following the formatting instructions. Report Control Symbol OPNAV 5350-2 applies.
2. The SUBSTANCE ABUSE QUARTERLY REPORT (SAQR) (TAB B) is designed to gather data required by the Department of Defense and the Office of Management and Budget to meet their needs in assessing the scope of the drug and alcohol abuse problem among the military services and the effectiveness of programs. The Report of Urinalysis Testing required by reference (d) has been modified and incorporated into the SAQR. To effectively monitor the use and results of testing by portable urinalysis kits (Part A), the results of samples originally screened by this method shall be provided separately from the data representing samples sent directly to drug screening laboratories (Part B). Also to be reported is the number of personnel trained or educated about substance abuse (Part C). This report is required of all second echelon commanders and shall be sent to CNMPC (Code 63) for compilation. Instructions and format for this report are enclosed in TAB B. Report Control Symbol DD-HA(Q)1094 (5350) applies.
3. The QUARTERLY REPORT OF SAFETY INCIDENTS WITH DRUG OR ALCOHOL INVOLVEMENT (TAB C) provides an overview of the impact on personnel and property damage resulting from drug or alcohol involved accidents. This report shall be submitted by the Commander, Naval Safety Center to CNMPC (Code 63) no later than the 90th day past the end of the reporting quarter. Report Control Symbol DD-HA(Q)1588 (5350) applies.

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4. Commander, Naval Safety Center is also tasked to provide a REPORT OF PERSONNEL WHO CAUSE DRUG OR ALCOHOL INVOLVED SAFETY INCIDENTS. This is a quarterly report due no later than 90 days past the end of the reporting quarter. It is to be transmitted on magnetic tape to the NADIS office and shall include the social security number, branch of service, rating/rank and Unit Identification Code of the person who caused the accident; event date; medical factor(s), and type of accident (e.g., motor vehicle, shipboard fire, etc.). Report Control Symbol OPNAV 5350-3 applies.

5. Chief, Bureau of Medicine and Surgery shall provide quarterly, on magnetic tape, a REPORT OF CLIENTS IN TREATMENT OR REHABILITATION FOR DRUG/ ALCOHOL ABUSE for inputs into NADIS. Individual entries shall include the member's SSN, branch of service, rating/rank and UIC, hospital/clinic's UIC, diagnosis, admission date and discharge date. If client died, annotate cause of death. The drug diagnostic codes (International Classification of Diseases--9th Revision) in this category are the 292 series, Drug Psychoses; and 304 series, Nondependent Use of Drugs. The alcohol diagnostic codes are the 291 series, Alcoholic Psychoses; 303 series, Alcohol Dependence Syndrome; 425.5, Alcoholic Cardiomyopathy; 571.0 Alcoholic Fatty Liver; 571.1 Acute Alcoholic Hepatitis; 571.2 Alcoholic Cirrhosis of Liver; and 571.3 Alcoholic Liver Damage, unspecified. This report is due no later than 20 days past the end of the reporting period. Report Control Symbol DD-HA(Q)1587 (5350) applies.

6. The Judge Advocate General of the Navy shall provide quarterly parts III and VII of the CRIMINAL ACTIVITY, DISCIPLINARY INFRACTIONS AND COURTS-MARTIAL REPORT FOR NAVAL PERSONNEL and related feeder data as may be required by DOD to the Navy Alcohol and Drug Information System (NADIS). Report Control Symbol JAG 5800-4A applies.

7. The Navy Drug and Alcohol Advisory Council (NDAAC) report is designed to gather and promulgate information concerning area/regional drug and alcohol abuse. It is to be provided by the Area Coordinator to OP-01 on a quarterly basis. This report is also to be used by the Regional Coordinator in submitting the regional NDAAC assessment to the Area Coordinator. The report shall include: (1) Narrative summary of council minutes; (2) Assessment of substance abuse countermeasures including, (a) Drug and Alcohol abuse identification statistics, (b) alcohol deglamorization, (c) D.W.I./D.U.I. counteroffensive, (d) Drug/Alcohol education statistics, (e) Drug Detection Dog utilization and finds, (f) Drug prevalency, (g) Urinalysis testing, (h) Legal statistics; (3) Overall threat assessment for

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area/region. A comparative analysis of threat assessment information is necessary to establish overall trends and should be included in this report. The area NDAAC report shall be forwarded to CNMPC (code 63) no later than the 60th day past the end of the reporting quarter. Report control Symbol OPNAV 5350-5 applies.

OPNAVINST 5350.4
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FROM: (COMMAND)

TO: COMNAVMILPERSCOM WASHINGTON DC
NAVDRUREHCEN SAN DIEGO CA

INFO: (Chain of command as required, and cognizant NAVHOSP/
NAVSTA if appropriate)

UNCLAS //N05350//

SUBSTANCE ABUSE REPORT (OPNAV 5350-2)

A. OPNAVINST 5350.

1. Member's name, rank & designator/rate, SSN
2. U.I.C. of member's command
3. Present location of member
4. Actual Offense (list one or more)

N - Abuse

R - Possession

Z - Trafficking

-Primary substance of abuse, possession, or trafficking (list only one)

A-Amphetamines

M-Marijuana (include all cannabis)

B-Barbiturates

O-Other (inhalants, etc., specify)

C-Cocaine

P-Phencyclidine

D-Other depressants

Q-Methaqualone

E-Ethyl alcohol (ethanol)

S-Other stimulants

H-Heroin

T-Tranquilizers/Benzodiazapine

I-Other opiates

Y-Polydrugs (none primary)

K-Other hallucinogens

L-LSD (d-Lysergic acid)

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-Frequency of drug use/alcohol abuse

U - Less than monthly

V - 1-3 times per month

W - 1-3 times per week

X - 4-7 times per week

-Period of usage - Inclusive dates (Mo. & Yr.)

-Where used - F - Ashore - on duty

G - Ashore - off duty

J - Afloat

5. Summary of Dependency Evaluation (if required by enclosure (7) of this instruction):

a. Determination made by:

(1) Medical officer

(2) SAC

(3) CAAC

(4) NASAP/NDSAP

(5) Other

(6) Not determined

(7) Not required by enclosure (7)

b. Determination of dependency

(1) Is dependent

(2) Is not dependent

c. Amenability to counseling/education/rehabilitation:

(1) Is amenable and eligible

(2) Is not amenable

(3) Is not eligible

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- d. Recommended disposition:
 - (1) Level I: Local Command Programs or NASAP/NDSAP
 - (2) Level II: Counseling and Assistance Center Programs
 - (3) Level III: Residential Rehabilitation Programs
 - (4) Separate from service via VA hospital if dependent
 - (5) Separate from service (not via VA hospital)
- 6. Summary of SAC/NASAP/NDSAP/CAAC Evaluation:
 - a. (1) Same as #5 preceding (omit 6b,c,d)
 - (2) Separate SAC/NASAP/NDSAP/CAAC evaluation
 - b. Determination of dependency:
 - (1) Is dependent
 - (2) Is not dependent
 - c. Amenability to counseling/education/rehabilitation:
 - (1) Is amenable and is eligible
 - (2) Is not amenable
 - (3) Is not eligible
 - d. Recommended disposition:
 - (1) Level I (Local Command Programs and/or NASAP/NDSAP)
 - (2) Level II (CAAC Programs)
 - (3) Level III (Residential Rehabilitation Programs)
 - (4) Separate from service via VA hospital if dependent and eligible
 - (5) Separate from service (not via VA hospital)
- 7. Method and date (MO & YR) of identification for this incident (list one only)

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a. Self-referral/disclosure. Date.

- (1) Eligible and accepted for rehabilitation
- (2) Not eligible for rehabilitation

b. Urinalysis. Date.

- (1) Inspection (random sampling, unit sweep and Rehabilitation Facility Staff Testing)
- (2) Search or Seizure Test (i.e., probable cause or consent search)
- (3) Fitness for duty (see enclosure (4))
- (4) Other Inspection (i.e., service-directed such as accession, "A" school, etc.)
- (5) Medical Examination
- (6) Other, specify

c. Law enforcement. Date.

- (1) Military police (includes MAA, NIS, drug detector dog sweeps, health and welfare inspections, gate/vehicle searches, etc.)
- (2) Civilian authorities

d. Medical. Date.

e. Command/supervisor (e.g., NJP, observations, etc.). Date.

f. Other, specify

8. Commanding officer's action

a. Retention potential:

- (1) Negative; processing for separation
- (2) Positive; retained on board and
 - (a) Disciplined/provided leadership guidance/provided onboard motivational education/counseled by SAC
 - (b) Referred to NASAP/NDSAP, Level I
 - (c) Referred to CAAC, Level II

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- (d) Request alcohol residential treatment
- (e) Request drug residential treatment (NDRC)
- b. Written warning
 - (1) First incident; warning not made on Page 13 of service record
 - (2) First incident; warning made on Page 13 of service record
 - (3) Second incident; warning made
 - (4) Third incident; warning made
- c. Special fitness report/evaluation documentation for confirmed drug use/possession/trafficking or alcohol involvement:
 - (1) Documentation made
 - (2) Documentation not made
- d. Clearance eligibility
 - (1) Security clearance revoked or downgraded
 - (2) Security clearance not changed
 - (3) Not applicable
- e. PRP assignment
 - (1) Eligible for PRP assignment
 - (2) Not eligible for PRP assignment
 - (3) Not applicable
- f. Other comments/history relevant to the case
 - These may be written in plain language.
 - Comments on the member's past and present military work and disciplinary record should be included here.

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- References should be made to any prior drug/alcohol abuse history, particularly a previous self-referral by the member.
- Any desired elaboration on an abbreviated data element may be placed in this section.
- Comment should be made concerning the member's overall potential for future productive service.

9. Free paragraph for additional comments or report elements required by second or third echelon commanders. When a member is drug dependent and a quota at NDRC is being requested and if the command will be deployed during the next 30-90 day period, so state, by using the word "OUTCONUS" in the wording of this paragraph. This will facilitate the disposition of the member via the NDRC.

SAMPLE SUBSTANCE ABUSE REPORT

FROM: USS NEVERSAIL
TO: COMNAVMILPERSCOM WASHINGTON DC
NAVDRUREHCEN SAN DIEGO CA
INFO: CINCPACFLT
NAVSTA YYY
NAVHOSP YYY

UNCLAS //N05350//

SUBSTANCE ABUSE REPORT (OPNAV 5350-2)

A. OPNAVINST 5350.

1. JOE SMEDLEY, FN, 123-45-6789
2. 24680
3. NAV HOSP YYY
4. NBW (02/78 - 10/82) J
5. A(1), B(1), C(1), D(3)
6. A(2), B(1), C(3), D(4)
7. B(3), 07/82
8. A(2)(E), B(2), C(1), D(3), E(3), F FN SMEDLEY EXHIBITS
OUTSTANDING POTENTIAL FOR FUTURE NAVAL SERVICE, PENDING COMPLETION
OF NDRC TREATMENT. NO NJP'S. NO CIVIL ARRESTS.
9. OUTCONUS.

SINGLE SPACE IF SENT BY SPEEDLETTER

INSTRUCTIONS FOR SUBSTANCE ABUSE QUARTERLY REPORT
DD-HA(Q) 1094(5350)

A. URINALYSIS TESTING BY PORTABLE URINALYSIS KITS:

1. Second Echelon Commander. Identify by short title the second echelon commander who prepared the report from their activities.

2. Area. One page must be prepared for each of the following geographic areas under the claimancy of the second echelon commander:

ITALY	HAWAII	OTHER PACIFIC
SPAIN	GUAM	CONUS
UNITED KINGDOM	JAPAN/KOREA	ALL OTHERS
OTHER EUROPE	PHILIPPINES	TOTAL (IF REPORTING MORE THAN ONE AREA)

(ALL OTHERS include Alaska, Antarctica, Atlantic islands, Canada, Iceland and South America)

3. REPORT PERIOD. Reports cover fiscal quarterly periods ending 31 December, 31 March, 30 June, and 30 September.

4. OCCASION FOR TEST. See enclosure (4) for the definitions for each type of testing.

a. Commander/Physician Directed (This is a DOD category including the following types of testing from enclosure (4): Medical Examinations paragraph 4a(3) and certain Fitness for Duty Testing, specifically command directed tests, physician directed/competence for duty tests and safety investigation tests).

b. Member Consent/Probable Cause

c. Random Sampling/Unit Sweeps

d. Accessions

e. Other Service Directed

f. Rehabilitation Facility Staff Testing

g. Drug/Alcohol Abuse Rehabilitation Testing

h. Aftercare

Enclosure (13)
TAB B

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5. Number of Individuals Tested. For each category listed under Occasion for Test, identify the number of individuals who submitted samples for urine testing. A member can be counted more than one time if he/she was tested more than one time during the period.

6. Number of Portable Kit Positives. For each category of Occasion for Test and Drug of Abuse, identify the number of samples in which the portable kit tested positive. The separate drugs are subcategories within the "No. of Portable Kit Positives".

7. Number of Laboratory Positives. For each category of Occasion for Test and Drug of Abuse, identify the number of samples in which the testing laboratory has found and substantiated the presence of a possible drug of abuse which was originally screened by a portable kit.

8. Number of Confirmed Drug Abusers. For each category of Occasion for Test and Drug of Abuse, identify the number of service members who were determined to be confirmed drug abusers.

9. Positives from Prescribed Medication or Admin Error. This includes members on prescribed medication whose samples are tested positive by the laboratory or whose samples were reported positive due to an administrative error. The number of Confirmed Drug Abusers plus Prescribed Medication or Administrative Error equal the Laboratory Positive Totals.

10. The types of drugs listed are those for which the urinalysis laboratories can test. Definitions of the drug classes are contained in the regulations promulgated by the Attorney General of the United States under the authority of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (P.L. 91-513) (NOTAL). Polydrug abuse is defined as the abuse of two or more drugs described above during the same relative time period; the simultaneous abuse of the drugs is not implied. A key determination here is that none of the drugs used can be singled out as a primary drug of abuse.

B. URINALYSIS TESTING SENT DIRECTLY TO LABS (NOT PORTABLE KITS)

1. All instructions for Part A apply except for paragraph 6.

2. Do not include any samples first tested by a portable urinalysis kit in Part B.

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C. EDUCATION/TRAINING

1. Specific definitions for each category are provided in enclosure (1).

2. "Trained" refers to individuals who received training to enhance their ability to fill a substance abuse program staff position, either full time or as a collateral duty. "Educated" refers to individuals who received educational information on substance abuse primarily for their own use.

SUBSTANCE ABUSE QUARTERLY REPORT

PART A - URINALYSIS TESTING BY PORTABLE URINALYSIS KITS

1 REPORT PREPARED BY (Short title)		2 REPORT FOR QUARTER ENDING						
		<input type="checkbox"/> 31 DECEMBER <input type="checkbox"/> 30 JUNE <input type="checkbox"/> 31 MARCH <input type="checkbox"/> 30 SEPTEMBER						
3 AREA (X one) (Prepare separate page for each applicable geographic area)								
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> ITALY <input type="checkbox"/> SPAIN <input type="checkbox"/> UNITED KINGDOM <input type="checkbox"/> OTHER EUROPE </div> <div style="width: 33%;"> <input type="checkbox"/> HAWAII <input type="checkbox"/> GUAM <input type="checkbox"/> JAPAN/KOREA <input type="checkbox"/> PHILIPPINES </div> <div style="width: 33%;"> <input type="checkbox"/> OTHER PACIFIC <input type="checkbox"/> CONUS <input type="checkbox"/> ALL OTHERS TOTAL (if reporting more than one area) </div> </div>								
4 TESTS RESULTS								
NUMBER OF INDIVIDUALS TESTED & DRUGS IDENTIFIED	OCCASION FOR TEST							
	Commander/Physician Directed	Member Consent/Probable Cause	Random Sampling/Unit Sweep	Accessions	Other Service Directed	Rehab Facility Staff Testing	Drug/Alcohol Rehab Testing	After-Care Testing
Total Individuals Tested								
Total Portable Kit Positives								
Amphetamines								
Barbiturates								
Ethyl Alcohol								
Heroin/Opiates								
Marijuana								
Phencyclidine								
Benzodiazapines								
Polydrugs								
Total Lab Positives								
Amphetamines								
Barbiturates								
Ethyl Alcohol	NOT SENT TO LAB							
Heroin/Opiates								
Marijuana								
Phencyclidine								
Benzodiazapines								
Polydrugs								
Total Confirmed Drug Abusers								
Amphetamines								
Barbiturates								
Ethyl Alcohol								
Heroin/Opiates								
Marijuana								
Phencyclidine								
Benzodiazapines								
Polydrugs								
Total No. Positives from Prescribed Medication or Administrative Error								

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OPNAVINST 5350.4
RCS DD-HA(Q)1094(5350)**SUBSTANCE ABUSE QUARTERLY REPORT****PART B - URINALYSIS TESTING SENT DIRECTLY TO LABS**

(Do not include any samples first tested by a portable urinalysis kit)

1. REPORT PREPARED BY (Short title)				2. REPORT FOR QUARTER ENDING				<input type="checkbox"/> 31 DECEMBER	<input type="checkbox"/> 30 JUNE
				<input type="checkbox"/> 31 MARCH				<input type="checkbox"/> 30 SEPTEMBER	
3. AREA (X one) (Prepare separate page for each applicable geographic area)									
<input type="checkbox"/> ITALY		<input type="checkbox"/> HAWAII		<input type="checkbox"/> OTHER PACIFIC					
<input type="checkbox"/> SPAIN		<input type="checkbox"/> GUAM		<input type="checkbox"/> CONUS					
<input type="checkbox"/> UNITED KINGDOM		<input type="checkbox"/> JAPAN/KOREA		<input type="checkbox"/> ALL OTHERS TOTAL					
<input type="checkbox"/> OTHER EUROPE		<input type="checkbox"/> PHILIPPINES		(If reporting more than one area)					
4. TESTS RESULTS				OCCASION FOR TEST					
NUMBER OF INDIVIDUALS TESTED & DRUGS IDENTIFIED	Commander/Physician Directed	Member Consent/Probable Cause	Random Sampling/Unit Sweep	Accessions	Other Service Directed	Rehab. Facility Staff Testing	Drug/Alcohol Rehab Testing	After-Care Testing	
Total Individuals Tested									
Total Lab Positives									
Amphetamines									
Barbiturates									
Cocaine									
Heroin/Opiates									
Marijuana									
Other									
Phencyclidine									
Methaqualone									
Polydrugs									
Total Confirmed Drug Abusers									
Amphetamines									
Barbiturates									
Cocaine									
Heroin/Opiates									
Marijuana									
Other									
Phencyclidine									
Methaqualone									
Polydrugs									
Total No. Positives from Prescribed Medication or Administrative Error									

SUBSTANCE ABUSE QUARTERLY REPORT

PART C - EDUCATION/TRAINING

1. REPORT PREPARED BY (Short title)	2. REPORT FOR QUARTER ENDING <input type="checkbox"/> 31 December <input type="checkbox"/> 31 March <input type="checkbox"/> 31 June <input type="checkbox"/> 31 September		
3. TOTAL NUMBER OF COMMAND PERSONNEL, SUCH AS SUBSTANCE ABUSE COORDINATOR, TRAINED ON RETURNABLE QUOTA DURING THE QUARTER TO FACILITATE OR TEACH MOTIVATIONAL AWARENESS OR PREVENTION EDUCATION CLASSES.			
4. TOTAL NUMBER OF INDIVIDUALS NOT SERVING IN A PROGRAM STAFF CAPACITY WHO RECEIVED MOTIVATIONAL AWARENESS OR PREVENTION EDUCATION DURING THE QUARTER:			
(a) OFFICERS AND SUPERVISORY PETTY OFFICERS (E-5 AND ABOVE)			
(b) ENLISTED (NON-SUPERVISORY, E-4 AND BELOW)			
(c) MILPERS FAMILY MEMBERS			
(d) RETIRED MILITARY			
(e) FAMILY MEMBERS OF RETIRED MILITARY			
(f) CIVILIAN EMPLOYEES (SUPERVISORS)			
(g) CIVILIAN EMPLOYEES (NON-SUPERVISORY)			
(h) FAMILY MEMBERS OF CIVILIAN EMPLOYEES, BOTH SUPERVISORS AND NON-SUPERVISORY PERSONNEL			

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INSTRUCTIONS FOR REPORT OF SAFETY INCIDENTS WITH DRUG OR ALCOHOL INVOLVEMENT

1. Reporting Period. Reports cover fiscal quarterly periods ending 31 December, 31 March, 30 June, and 30 September and are due to Commander, Naval Military Personnel Command (NMPC-63) by the 90th day after the end of the quarter.
2. Geographic Area. One page must be prepared for CONUS, PACIFIC, EUROPE, OTHER, and TOTAL. OTHER includes Alaska, Antarctica, Atlantic islands, Canada, Iceland, and South America.
3. Personnel. For personnel involved in safety incidents, list across the columns the total number of personnel in all accidents, the number of personnel in "Drug Involved" accidents, and the number of personnel in "Alcohol Involved" accidents by the categories of "On Duty Military", "Off Duty Military", and "On Duty Civilian" personnel. If drugs and alcohol both are involved, provide the data in "Drug Involved" accidents.
 - a. Personnel--Motor Vehicle Accidents. Provide the number of personnel (drivers, passengers, pedestrians) who died, committed suicide, or were injured in motor vehicle accidents. For injured personnel also provide the number of workdays lost.
 - b. Personnel--Non-Motor Vehicle Accidents. Provide the number of personnel who died, committed suicide, or were injured in accidents other than motor vehicle (e.g., gunshot, drowning, fires). For injured personnel also provide the number of workdays lost.
4. Property Damage. For Motor Vehicle and Non-Motor Vehicle Accidents with Property Damage, provide the total number of accidents and cost, the number of Drug Involved accidents and cost, and the number of Alcohol Involved accidents and cost of property damage.

Enclosure (13)

TAB C

QUARTERLY REPORT OF SAFETY INCIDENTS WITH DRUG OR ALCOHOL INVOLVEMENT

Instructions

Prepare one page for each area as of the end of each fiscal quarter. Reports are due to Commander, Naval Military Personnel Command (NMPC-63) by the 90th day after the end of the quarter. In geographic area, "other" includes Alaska, Antarctica, Atlantic Islands, Canada, Iceland, and South America. If drugs and alcohol are both involved, provide the data in "drug involved" accidents.

1. REPORT PREPARED BY		2. REPORT FOR QUARTER ENDING (X one)				3. AREA (X one)			
		<input type="checkbox"/> 31 DECEMBER <input type="checkbox"/> 30 JUNE <input type="checkbox"/> 31 MARCH <input type="checkbox"/> 30 SEPTEMBER				<input type="checkbox"/> CONUS <input type="checkbox"/> OTHER <input type="checkbox"/> PACIFIC <input type="checkbox"/> TOTAL <input type="checkbox"/> EUROPE			
4. TYPE INCIDENT & SUBSTANCE INVOLVED		TOTAL		DRUG INVOLVED		ALCOHOL INVOLVED			
		On-duty Military	Off-duty Military	On-duty Civilian	Off-duty Military	On-duty Military	On-duty Civilian	Off-duty Military	On-duty Civilian
A. PERSONNEL									
(1) Motor Vehicle Accidents									
(a) Deaths									
(b) Suicides									
(c) Injured									
(d) No. Workdays Lost by Injured Personnel									
(2) Non-Motor Vehicle Accidents									
(a) Deaths									
(b) Suicides									
(c) Injured									
(d) No. Workdays Lost by Injured Personnel									
B. PROPERTY DAMAGE									
(1) Motor Vehicle Accidents									
(2) Non-Motor Vehicle Accidents									
		Number	Cost	Number	Cost	Number	Cost	Number	Cost

Enclosure (13)
TAB C

OP-15
24 Dec 82

CORRECTION SHEET

OPNAVINST 5350.4 of 29 Nov 1982

Subj: Substance Abuse Prevention and Control

The "Drug and Alcohol Abuse Program Statement (EXIT)", enclosure (7), TAB A, Page 3 is incorrect. Attached is a corrected page 3, which should be inserted in the directive in lieu of the incorrect page.

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29 NOV 1982

DRUG AND ALCOHOL ABUSE PROGRAM STATEMENT (EXIT)

Date

FIRST ENDORSEMENT - Rehabilitation Program Exit

From: Commanding Officer, _____

To: _____

Subj: Drug and Alcohol Abuse Rehabilitation Program

1. You are hereby released from the drug and alcohol abuse rehabilitation program. You have satisfactorily completed all phases of the regimen specified in enclosure (1).

2. You are eligible to reapply for the _____ program. In addition, the following restrictions are suspended:

3. You are encouraged to continue participation in those ongoing elements prescribed in your aftercare program.

Commanding Officer

(Other endorsements as required)

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DEPARTMENT OF THE NAVY
Office of the Chief of Naval Operations
Washington, DC 20350

OPNAVINST 5350.4 CH-1
OP-153
27 December 1983

OPNAV INSTRUCTION 5350.4
CHANGE TRANSMITTAL 1

From: Chief of Naval Operations
To: All Ships and Stations (less Marine Corps field addressees not having Navy personnel attached)
Subj: Substance Abuse Prevention and Control
Encl: (1) Revised page 5 of enclosure (1), page 3 of enclosure (2), page 4 of enclosure (4), pages 1 and 2 of enclosure (6), pages 10, 11, 12 and 13 of enclosure (7) and page 4 of TAB A of enclosure (11); reprinted page 4 of enclosure (2), page 3 of enclosure (4), pages 9 and 14 of enclosure (7) and page 3 to TAB A of enclosure (11); and new page 2a of enclosure (6)

1. Purpose. To revise the duties and responsibilities of the Substance Abuse Coordinator (SAC).

2. Action. Remove page 5 of enclosure (1), pages 3 and 4 of enclosure (2), pages 3 and 4 of enclosure (4), pages 1 and 2 of enclosure (6), pages 9 through 14 of enclosure (7) and pages 3 and 4 to TAB A of enclosure (11) and insert enclosure (1) of this change transmittal.

3. Cancellation. This change transmittal is canceled upon completion of required action.

WILLIAM P. LAWRENCE
Vice Admiral, U.S. Navy
Deputy Chief of Naval Operations
(Manpower, Personnel and Training)

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a primary drug of abuse; the abuse of the drugs simultaneously is not implied.

Psychological Dependence. The craving or need for the mental or emotional effects of a drug that manifests itself in repeated use and leads to a state of impaired capability to perform normal functions.

Recovered Alcoholic. A person whose alcoholism has been arrested through abstinence.

Recovered Drug Abuser. A person whose illicit use of drugs has terminated and whose drug dependence, if applicable, has been arrested through abstinence.

Rehabilitation. The process of restoring to effective functioning persons impaired by or dependent upon the use of alcohol or drugs.

Stimulant. Widely diverse category made up of central nervous system stimulant drugs that increase the behavioral activity of an individual. Most common categories of abused stimulants include cocaine and amphetamines.

Substance Abuse. The use of alcohol, a drug or other substance to the extent that it has an adverse effect on the user's health, personal or professional behavior, family, community, or the naval service.

Substance Abuse Coordinators (SACs) will conduct onboard administrative screening as directed by the commanding officer, coordinate or assist in conducting command awareness education, assist in monitoring aftercare when required and serve as the command's self-referral agent.

(R

Substance Abuse Treatment Specialist. Assists medical officers and other professional staff personnel in establishing and maintaining formal treatment programs for active duty, retired and reserve personnel and dependents assigned to Alcohol Rehabilitation Centers/Services and Counseling and Assistance Centers. Conducts individual and group therapy sessions during rehabilitation periods; maintains statistical data on patients' progress and prepares summary reports; assists personnel being treated to return to full duty; and assists local commands to establish drug and alcohol abuse prevention, education, identification, safety and rehabilitation programs. (The Navy Enlisted Classification for this position is 9519.)

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e. Counseling and Assistance Center (CAAC) Directors report to their cognizant major shore activity commander. They are assigned responsibilities for screening/referral and "outreach" assistance to commands located in the assigned area.

f. Navy Alcohol Safety Action Program/Navy Drug Safety Action Program (NASAP/NDSAP) Detachment Directors report to CNMPC or to their cognizant major shore activity commander if they are command sponsored sites. NASAP/ NDSAP Programs afloat are conducted by command sponsored personnel or by the nearest NASAP/NDSAP office.

g. Substance Abuse Coordinator (SAC) should be a volunteer, a top performing E-6 or above and preferably have two years remaining on current EAOS (and PRD). The SAC must not have had a drug or alcohol incident within the last two years and, if a recovering alcoholic, must have two years sobriety. If an individual is to be the SAC after previously completing a non-consecutive SAC tour, he/she should attend a refresher SAC training course. The SAC is responsible to the commanding officer for drug and alcohol abuse Level I programs, including: (R)

(1) Advising the commanding officer on the administration of the command alcohol and drug abuse program.

(2) Conducting onboard administrative screenings of identified drug and alcohol abusers to determine whether the individual requires further referral to Level II for more intensive clinical screening and evaluation as directed by the commanding officer. (R)

(3) Coordinating or assisting in the conduct of Level I drug and alcohol abuse awareness education. (R)

(4) Assisting in the monitoring, when required, of members who return to command following completion of Level II and III programs with the aftercare or follow-up support recommendations of counseling or rehabilitation facilities (see enclosures (6) and (7)). (R)

(5) Serving as the command self-referral procedure agent (see enclosure (5)). (D)

All Navy commands are required to have a minimum of one member assigned to the collateral duty of SAC. Larger commands should assign SACs on the ratio of one SAC per 500 personnel attached. Commanding officers may appoint as many SACs as necessary to satisfy command requirements. Larger commands having greater than 1000 personnel assigned should consider assigning at least one SAC on a full time basis.

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3. Staffing Considerations. In administering alcohol and drug abuse programs serving military and civilian personnel and families, special attention should be given to representation of women and specific minority groups among program administrators and counselors and those selected for special training so that they reflect the work force and client population being served.

Enclosure (2)

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localizing the abuse. Engaging the problem of drug abuse in the unit should follow a logical progression.

(1) Determine the magnitude of the problem by means of a unit sweep.

(2) Localize and eliminate major areas of abuse through prudent random samplings. The uncertainty of who might be tested or when a test might be conducted enhances the deterrent efforts.

b. Inspections under Military Rule of Evidence 313.

Urinalysis testing on an inspection basis is designed to ensure the military fitness and the good order and discipline of a unit and specifically to ensure that assigned personnel are fit and ready for duty and that personnel identified as drug abusers obtain necessary counseling or rehabilitation. Because drug use by naval personnel affects military fitness, job performance, readiness, and good order and discipline, urinalysis tests shall be conducted on an inspection basis whenever there is reasonable suspicion that such testing will disclose illicit drug use by assigned personnel (e.g., when a unit is deployed or located in an area of high drug availability or when information available to the commander points to drug trafficking or drug use within the command) or when the inspection has been previously scheduled (so that the inspection will not be construed as a subterfuge for a search). Urinalysis testing on an inspection basis shall not be ordered for the primary purpose of obtaining evidence for trial by courts-martial or for other disciplinary purposes or for the purpose of obtaining evidence or confirmation of drug abuse by specific individuals suspected of abusing drugs. In such cases, urinalysis tests may only be conducted on a probable cause, consent, or fitness for duty basis as provided in paragraph 6c or 6d. The following kinds of tests are considered inspections under Military Rule of Evidence 313. The results of these tests may be used for all purposes, including disciplinary action and discharge characterization.

(1) Random sampling and unit sweeps. The term "random sampling", as used in this instruction, applies to any command urinalysis testing program in which the individuals to be tested are selected at random. In order to enhance the deterrent value of such testing, the testing program should be designed so that a member's chances of selection, and thus detection, remain constant throughout the testing period. The term "unit sweep", as used in this instruction, applies generally to the testing of an entire unit or of any

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identifiable segment or class of a unit (i.e., a division, barracks, all E-4s and below, all officers, all personnel who have reported for duty in the last month, etc.). Unit sweeps must be authorized at the appropriate second echelon level or as the second echelon designates. Random sampling may be ordered by any commander, commanding officer, or officer-in-charge except for those random samplings involving more than 20% of a unit or more than 200 samples, in which case they must first be authorized at the appropriate second echelon level or as the second echelon designates.

A)

(2) Service-directed testing. Service-directed testing is testing authorized by the Chief of Naval Operations in excess of tests prescribed by the Department of Defense or authorized by lower levels of command. Examples are accession level testing (see para 8b) and tests required at enlistment, reenlistment, or at departure from overseas duty stations.

(3) Level III rehabilitation facility staff testing. Rehabilitation facility staff testing is mandatory testing of military staff members of substance abuse program rehabilitation facilities conducted as a deterrent to their use of drugs and to provide an example to their clients. A minimum of two tests per month are conducted with the dates randomly selected. Authorization to conduct such tests comes from the commanding officer of the rehabilitation facility.

c. Search or seizure under Military Rules of Evidence 311 through 317

(1) Tests conducted with member's consent. Members suspected of having unlawfully used drugs may be requested to submit a urine sample for testing on a consensual basis. Prior to requesting a urine sample on a consensual basis, the member shall be advised that he or she may decline to provide the sample and that, if a sample is provided, any evidence of drug use resulting from the test may be used against the member in a court-martial. Where practicable, consent should be obtained in writing. Article 31b, UCMJ, warnings need not be given in such cases, provided that no other questioning of the member takes place. If a member declines to provide a urine sample on a consensual basis, and if there is reasonable suspicion or probable cause to believe that the member has committed a drug offense and that a urinalysis test will produce evidence of that offense, the matter shall be referred to the member's commanding officer or other officer with authority to order a command-directed test or a probable cause test. Urinalysis tests on a consensual basis may also be conducted in accordance with reference (i).

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REHABILITATION

1. Policy Overview. The Navy recognizes that problems of alcohol abuse/alcoholism and drug abuse/dependence are conditions which can be effectively addressed through education, counseling and residential rehabilitation programs. These programs have proven to be a cost-effective means of retaining on active duty personnel who possess potential for continued useful service to the Navy but whose continued drug/alcohol abuse would otherwise render them unfit for Navy service. It is therefore Navy policy that Navy personnel who show potential for continued useful service, and who are alcohol or drug dependent or are identified as alcohol or drug abusers, shall be afforded short term, remedial education, counseling or rehabilitation services commensurate with the evaluated degree of abuse or dependency. Such short term services shall always be provided at the most cost-effective level that best ensures the member's successful return to full duty while realizing a minimal loss of the individual's skills to his or her command. To the maximum extent possible and without putting the abusing member or his/her operational unit at risk, onboard and local assets (i.e., education, counseling and other Level I and II services) should be utilized to meet this policy requirement. Drug traffickers, and those alcohol and drug abusers who cannot or will not be rehabilitated and restored to useful service, shall be disciplined when appropriate and processed for separation from naval service in accordance with existing instructions.

2. Drug and Alcohol Abuse Program Levels. The Navy will provide drug and alcohol abuse programs within the organizational structure as defined in enclosure (2).

a. Level I: Local Command Programs

Navy commands can be highly effective in providing prevention and awareness education to all command personnel and assistance to the identified non-dependent drug/alcohol user. The primary assistant to the commanding officer in drug and alcohol abuse matters will be the Substance Abuse Coordinator (SAC). The SAC will be specially trained in the field of drug and alcohol abuse and capable of coordinating elements of the drug and alcohol abuse program at the command level (Level I). The SAC will perform the duties and responsibilities outlined in enclosure (2). Level I consists of both prevention and intervention efforts such as those described below:

(R
(D
(R

Enclosure (6)

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A) (1) Prevention efforts include:

- (a) ensuring personnel awareness of the consequences of drug/alcohol abuse
- (4)) (b) urinalysis testing (described in enclosure (3))
- (c) drug detector dog teams (see paragraph 3k enclosure (3))
- (d) inspections (see paragraph 3c enclosure (3))
- (11)) (e) awareness education (as described in enclosure (11))
- (f) leadership (positive role modeling) at all levels of command
- (g) NASAP/NDSAP (when available)

(2) Intervention efforts include:

- (a) discipline (civilian/military)
- (7)) (b) administrative screening by SAC (see enclosure (7))
- (c) referral of personnel to Level II or III or to other appropriate Navy or civilian programs
- (d) disposition determination
- (e) medical identification and intervention
- (f) NASAP/NDSAP (when available)
- (g) inspections (i.e., urinalysis, health and welfare, etc.)

b. Level II: Counseling and Assistance Center Programs

This level of counseling and referral is designed for those personnel who may not have been evaluated as drug or alcohol dependent, but whose degree of abuse requires attention beyond the capacity of Level I Programs. Level II may be used for personnel waiting for space at a Level III facility. Programs at this level consist of counseling sessions. The length of the member's program at Level II should be determined by the member's commanding officer with recommendation from the local counseling facility staff, but in no case shall it exceed four weeks. Level II counseling is provided at Counseling and Assistance Centers (CAACs), afloat and ashore.

c. Level III: Residential Rehabilitation Programs

Residential rehabilitation is designed for those members who have been formally evaluated and diagnosed as alcohol or drug dependent, require rehabilitation on a full-time live-in basis, and who, in the opinion of their commanding officers, evidence potential for continued naval service. Level III care

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is normally provided at an Alcohol Rehabilitation Center (ARC), Alcohol Rehabilitation Service (ARS), or at the Naval Drug Rehabilitation Center in San Diego, California (NDRC). The length of residential rehabilitation programs will normally be six weeks (alcohol) and seven weeks (drug) and will reflect a multidisciplinary approach. Level III rehabilitation may be shortened or extended as necessary, should the member prove to be non-amenable to such assistance, or if additional care is required to ensure a successful recovery. Detailed referral procedures are provided in enclosure (7).

3. Follow-on Disposition (Aftercare). Subsequent to successful completion of a formalized drug or alcohol abuse program at either Levels I, II or III, and the return of the member to his/her command, the member shall remain in an "aftercare" status for up to 180 days, which includes close observation and urinalysis testing. The nature of the aftercare program will vary from case to case; however, it

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provides guidance regarding blood alcohol tests for operators of motor vehicles. Any person determined to have a blood alcohol level of 0.10% while on a U.S. Navy installation or vessel shall be presumed to be intoxicated. Driving while intoxicated is a criminal offense under Article 111 of the Uniform Code of Military Justice (UCMJ). Navy personnel who are convicted of driving a vehicle while intoxicated, either on or off base, shall have their driving privileges revoked in accordance with reference (i) and be required to complete an alcohol education program (e.g., NASAP) as a prerequisite to reinstatement of base driving privileges. The revocation of driving privileges, as specified above, shall be in addition to any disciplinary and/or rehabilitation measures appropriate to the specific incident as directed by either military or civil authority. Such revocation of driving privileges shall be applied to the offender as an individual so that family members shall continue to have access to the on-base commissary store, Family Service Center and similar facilities.

c. Rehabilitation and Reenlistment. Even if recommended, alcoholic members treated at Level III who successfully complete residential rehabilitation will be ineligible for reenlistment for a period of 180 days following completion of rehabilitation. In the case of members being ordered into Level III residential rehabilitation who will not have at least 180 days of obligated service remaining upon completion of rehabilitation, the necessary extension of current enlistment shall be affected in accordance with the provisions of MILPERSMAN 1050150. A member who suffers a relapse during the 180 day probationary period shall be reevaluated to determine potential for continued useful service, and considered for separation, as appropriate (see enclosure (6) for rehabilitation limitations).

4. Command Action

a. Command evaluation. Immediately following the confirmed identification of a drug or alcohol abuser, the commanding officer shall evaluate:

(1) Whether or not the member is considered drug/alcohol dependent;

(2) Whether assistance beyond the capabilities of the command is required to restore the member to full duty.

(3) Whether administrative separation is advisable.

b. Resources. The commanding officer's evaluation shall be based on input from available resources including:

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- (1) Chain of command recommendations (i.e. department head, division officer, division CPO).
- (2) Substance Abuse Coordinator (if available).
- (3) Medical officer evaluation (substance dependent cases only).
- (4) CAAC recommendation (for Level II and III referral cases).
- (5) NASAP/NDSAP recommendation (if available).
- (6) Chaplains in designated billets at drug and alcohol program field activities.

Recommendations to the commanding officer shall advise him/her of the member's potential for future useful service and the advisability of retention or separation, the member's current drug and/or alcohol dependence status (see paragraph 5a of this enclosure), and the drug or alcohol abuse program level required to return the member to full duty (if appropriate).

R) c. Confirmation of Dependency. In all cases where drug or alcohol dependency is suspected, the commanding officer, when feasible, will have the CAAC evaluation of member's dependency confirmed by a medical officer prior to the commanding officer making his/her final evaluation (see paragraph 5a of this enclosure).

d. Command Options. Upon his/her final evaluation of a member's extent of drug or alcohol abuse, the commanding officer will exercise one of the following options:

(1) For members having no potential for further useful service, separation is mandatory following appropriate disciplinary action. Discharge processing should be in accordance with applicable MILPERSMAN article for enlisted personnel and officers. Diagnosed alcoholics who fail rehabilitation and have accumulated multiple incidents of misconduct in their service records may be discharged based on the merits of their records.

(2) For members having potential for further useful service:

(a) Assign member to Drug and Alcohol Abuse Level I Program. Retain onboard, if feasible, warn, and discipline as appropriate. If there is a SAC assigned, the SAC will provide

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Level I assistance to the member (refer to enclosure (6) for description of Substance Abuse Levels I, II, and III). If a SAC is not assigned, Level I assistance for member should be obtained from the nearest NASAP/NDSAP detachment or site.

(b) Assign member to Drug and Alcohol Abuse Level II Program. Retain onboard, if feasible, warn, and discipline as appropriate. Level II assistance is provided by the CAAC and should be used for those members whose assistance requirements have been evaluated as beyond the capability of the command to provide but not sufficient to require residential treatment (refer to paragraph 5b of this enclosure).

(c) Recommend Member for Drug and Alcohol Abuse Level III Program. Retain onboard, if feasible, until residential quota availability is received, warn and discipline as appropriate. Level III consists of inpatient or residential treatment and is reserved for those members having potential for productive future service and who are evaluated as alcohol/drug dependent. Members entered into the Level III program will receive treatment at the Naval Drug Rehabilitation Center (NDRC), one of three Alcohol Rehabilitation Centers (ARC) at San Diego, Norfolk, or Jacksonville, or at an Alcohol Rehabilitation Service (ARS) as appropriate. (Refer to paragraph 6c of this enclosure for drug rehabilitation and paragraph 6d for alcohol rehabilitation). Members being referred to Level III treatment should, however, immediately be assigned to the Level II program for counseling, as an interim measure, until such time as they can be transferred to a residential facility. If CAAC facilities are not available, then Level I intervention should be effected.

e. Documentation. After selecting the appropriate option, the commanding officer shall:

(1) Document the incident of drug/alcohol abuse and his/her evaluation by submission of a Substance Abuse Report (SAR) message or speedletter identifying the member, extent of drug/alcohol usage, SAC, CAAC, NASAP/NDSAP or medical officer's evaluation of potential for future useful service, and commanding officer's disposition recommendation. The format for submission of the SAR message is contained in enclosure (13). The Substance Abuse Report message will be entered in the member's permanent service record.

(2) Execute an OPNAV 5350/3 and OPNAV 5350/4, Drug and Alcohol Abuse Program Statement (TAB A), if an enlisted member is recommended for retention. The original statement will be entered in the member's field service record.

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(3) Make a Page 13 administrative warning entry in the member's service record documenting each incident of drug abuse for those members being retained in the naval service stating that the member is recommended for further service. If the member is substantiated as a drug abuser, Page 13 warning entries shall be made in accordance with TAB B. For members being processed for separation as a result of a drug incident, a Page 13 warning entry shall not be made.

(4) For enlisted recruits, presumptive positive findings from an unconfirmed initial screening for cannabis will not become part of the individual's permanent service record. A positive confirmation on a thirty day retest will become part of the member's permanent service record and will be grounds for separation.

5. Substance Abuse Coordinator (SAC), Navy Alcohol Safety Action Program/Navy Drug Safety Action Program (NASAP/NDSAP), Counseling and Assistance Center (CAAC) and medical officer responsibilities when a member is referred for evaluation

a. SAC. Generally, the SAC should be able to evaluate the level of assistance required to restore a member to full duty. However, in certain cases, additional evaluation by a NASAP/NDSAP or a CAAC may be needed and should be requested prior to providing a final recommendation to the commanding officer. In cases where dependency is suspected, confirmation by a medical officer is required if appropriate medical consultation can be scheduled within a reasonable period of time following the SAC, NASAP/NDSAP or CAAC determination.

b. NASAP/NDSAP or CAAC

(1) If the NASAP/NDSAP or CAAC indicates that the member is non-dependent, the commanding officer shall be provided a written recommendation for appropriate action at Level I or Level II. Members requiring Level I counseling will be afforded counseling at their unit, if available. If not, the command will recommend the member receive Level I assistance at the NASAP/NDSAP facility. If Level II assistance is deemed necessary, the command will request the member be directed to receive the counseling at the CAAC facility.

(2) If the NASAP/NDSAP or CAAC indicates the member is dependent, the commanding officer shall be notified by the most expeditious means coupled with a referral to a medical officer for a formal diagnosis of drug or alcohol dependency. The NASAP/NDSAP

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or CAAC will provide the commanding officer a written recommendation for appropriate command action, evaluation on member's dependency, and the member's amenability for Level III residential treatment.

c. Medical Officer

(1) If diagnosed physiologically dependent, and in need of medical detoxification, the commanding officer must be advised and the member must be admitted to an appropriate medical facility for detoxification. A recommendation should be made for consideration of Level III residential treatment upon completion of detoxification.

(2) If diagnosed as psychologically dependent, or physiologically and psychologically dependent, but not in need of medically supervised, inpatient detoxification (or if the member has completed detoxification), the commanding officer must be provided a written evaluation of the member's dependence and amenability to rehabilitation, including a recommendation that the member be considered for Level III treatment.

(3) If diagnosed as non-dependent, the commanding officer must be advised in writing with a recommendation for appropriate administrative action at the command level and/or need for assistance at Level I or II of the Drug and Alcohol Abuse Program.

6. Procedures for Referral to a Drug and Alcohol Abuse Level I, II, or III Program

a. Level I (Local Command Programs). Level I intervention will be accomplished by the SAC at the command or with the assistance of a CAAC or NASAP/NDSAP unit, as appropriate. If command formally admits a member to drug and/or alcohol abuse assistance at this level, appropriate disciplinary measures, motivational education and, if available, NASAP/NDSAP education should be provided. If NASAP/NDSAP is determined the most appropriate assistance and not available at the command, the member should be referred to the nearest NASAP/NDSAP unit or CAAC for screening and assistance in entering the 36-hour NASAP/NDSAP program, which should normally be conducted during non-duty hours and over a period of six weeks for maximum effect. Attendance is mandatory and will be verified to the command by the NASAP/NDSAP facilitator.

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(1) Prior to admission to the NASAP/NDSAP program, the command shall provide the following information to the NASAP/NDSAP director:

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(a) A copy of the individual's Substance Abuse Report (SAR).

(b) Additional commanding officer/SAC/supervisor evaluations of member's drug or alcohol abuse problem, including personal and professional performance.

(2) The following priority levels are established to ensure the most cost-effective use of NASAP/NDSAP resources:

(a) Priority I - Identified drug or alcohol abusers referred as a part of a Drug and Alcohol Abuse Program intervention.

(b) Priority II - Members referred as a part of command's primary prevention program.

(c) Priority III - Program manager, deputies, supervisors and other management personnel taking the program to enhance their supervisory/management skills.

(d) Priority IV - Individuals desiring program participation as a result of a self-generated desire for information or educational credit. These individuals will be required to meet the following eligibility requirements:

1 Military member, DOD employee or dependent of either.

2 At least 17 years old

3 Meet the eligibility criteria of any of the credit granting institutions associated with the program.

(3) It should be emphasized that NASAP/NDSAP is a command asset and can be used by a commanding officer as such. Therefore, commanding officers may order individuals to NASAP/NDSAP as exceptions to the above priority system.

(4) Upon completion of the NASAP/NDSAP program, when used as a part of a Level I intervention, SAC, if available, or NASAP/NDSAP Director will provide the member's commanding officer an evaluation of the member's drug and alcohol abuse problem, cooperation during the course, whether or not the member is expected to experience additional drug and alcohol abuse problems in the future, and recommendations regarding further rehabilitation at either Level II or III. Standard forms for facilitating the exchange of this information between command and

(d) Local military and civilian resources, both in the areas of rehabilitation and prevention.

(e) The specific role that an individual supervisor plays in the enforcement of the Uniform Code of Military Justice, and in various detection and deterrence procedures (e.g., searches and inspections).

(2) Military nonsupervisors shall be aware of:

(a) Their responsibility for their own behavior and their impact on their peer group with respect to creating an environment intolerant of drug and alcohol abuse.

(b) The assistance they can receive from the local command structure and NADAP elements in helping to eliminate the effects of abuse from their work places and personal lives.

(c) The variety of positive alternatives to abuse available at local installations and neighboring communities.

(d) The legal consequences of abuse under both the Uniform Code of Military Justice and the local laws.

3. Commanding officers, high level supervisors and staff officers who perform leadership and/or counseling roles as a primary part of their professional functioning must be familiar with Navy drug and alcohol abuse policies and must be given the information necessary to recognize drug and alcohol abuse and to determine proper courses of action to alleviate such problems. Therefore, drug and alcohol abuse as a contemporary issue for leaders, managers and supervisors will continue to be dealt with throughout the Navy member's career as a part of the member's professional or military education.

4. In addition, there are special Navy populations for whom specific drug and alcohol abuse preventive education programs are prepared. They include chaplains; medical personnel, including doctors, nurses, hospital corpsmen, dentists and dental technicians; Family Service Center personnel, including social workers; recruiters/career counselors; and law enforcement personnel, particularly Masters-at-Arms. Commands desiring to have members trained in a special area should contact the Commander, Naval Military Personnel Command (NMPC-63) for information on course availability.

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- R) 5. Primary (non-incident related) and secondary (incident related/command directed) preventive education will, for the most part, be provided by Navy Alcohol Safety Action Program (NASAP)/Navy Drug Safety Action Program (NDSAP) Detachments or coordinated by the SAC. Attendance will be prescribed for those directed to a Level I program in accordance with enclosure (6) of this instruction or may be voluntary at the initiative of the individual. Normally, secondary preventive education shall be conducted after normal duty hours and shall focus on the influence of the peer group on behavior, the identification and clarification of the attendees' attitudes and values, the impact and consequences of continued abuse, and the application of decision-making skills to resolve the attendees' drug or alcohol abuse problem.
- R) 6. Civilian employees and their supervisors, both military and civilian, shall be educated in accordance with paragraph VC of reference (k).

7. Education for family members shall be provided, as feasible, on a voluntary basis and shall emphasize the harmful effects of drug and alcohol abuse on health, welfare and safety; the local alcohol and drug abuse situation and laws; the availability of counseling, residential care, and other rehabilitation opportunities and procedures; and alternatives to abuse, particularly those available at the local installation or in the neighboring community.